EXHIBIT 5

Joe Rogan: So, first of all, thanks for coming and uh very nice tie.
Dr. Robert Malone: Thanks christmas present um actually ryan cole is the one that first got these and uh my wife has been jealous ever since so this is what I got for…
JR: Where does one get a Covid tie?
RM: I don't know she looked it up on on amazon or some place and and found it
JR: you gotta love how industrious some of these folks are they're just you know they find a niche like I know what I wanna sell: Covid ties and there you go.
RM: I gotta I gotta have a tux for an event that's coming up in texas in a couple of months and so my wife is writing to the guy that does the ties and to see if he can make a bow tie that's got the virus on it
JR: are you uh I mean are you tired of this…
RM: tired
JR: …dealing with this do you feel a duty to talk about this like we should just say uh because uh historically we should just state what's happening here so today is the 20 no the 30th of december and yesterday you were kicked off twitter correct
RM: true
JR: Um, we scheduled this in advance. It's just coincidentally that you were kicked off twitter. What what were you kicked out first of all before we even do this please tell everybody what your history is and what your what your degrees are and what you do?
RM: okay so I'm going to do the short version okay um some you know this can last for an hour um if we go into the whole history of mrna vaccines and all that kind of stuff uh my history I I am uh I was originally a carpenter and a farmhand uh in the central coast of california and decided that I wanted to go back to school and uh did two years of computer science and then decided that I didn't want to spend the rest of my life
looking at a computer monitor in abasement bad decision and decided that I wanted to try to become an MD which was a hard thing to try to do in the in the late 70s so that was a real stretch objective. Went to uc davis after two years of undergrad at san barbara city college and uh and wanted to work on this new tech space called molecular biology in particular on cancer my mother was deathly afraid of breast cancer and so I looked around and found laboratory at uc davis with a guy named bob cardiff and another guy named murray gardner that were working with retroviruses and their links to breast cancer and it just happened that while I was in there this is circa 83 84. um this whole thing cut loose in san francisco with the immunodeficiency syndrome in men and uh the lab ended up right at the forefront of that you know davis is just down the street basically from san francisco and at the davis primate center they had discovered that there were monkeys that had immune deficiency and so I was there in the lab as an undergraduate as a total bench rat m when preston marks and murray gardner and others made the first discovery of a retrovirus basis for emitter deficiency in primates and uh then murray went to the pastor brought back the virus literally in his pocket um he went with there with bob gallo met with a guy named Luc Montagnier that you may know and uh that kind of kicked off the whole vaccine effort for aids so I that's kind of what I cut my teeth on uh and so I came out of that I you know I was uh it was it was really bold to think that I could get into medical school um and I kind of overshot the mark I got an MD PhD scholarship at northwestern university in chicago and uh so I went from having grown up in santa barbara with my wife, we were high school sweethearts, to chicago and that was kind of an abrupt uh transition so um we

decided I would do my graduate work at san diego and i'd been accepted into a program at uc san diego that had two of the top gene therapy specialists I really wanted to do gene therapy with retroviruses that was what I thought was going to be
my life and so we moved down to san diego and I started working in the laboratory of indoor verma which is in the molecular biology and virology labs at the salk institute and this is a place where graduate students normally aren't allowed to go it was there was seven nobel laureates at the time plus Jonas a really intense competitive environment carved out a little niche that I was going to work on for my graduate work which was asking questions about how retrovirus RNA is packaged and from that I had to develop a series of technologies to manufacture RNA and structure it and eventually put it into cells and that through a cascade of events being at the right place the right time asking the right questions surrounded by geniuses led to the series of discoveries that now performs the basis of the RNA technology platform that gives rise to these vaccines and 10 issued patents from they were all filed in ‘89. So, that's kind of my origin story that it relates to this virus and vaccine and this but since then went on finished my md did two fellowships at uc davis top pathology for years set up a gene therapy lab had many other discoveries came out to the east coast created the technology platform that is now the basis of the company called inovio we actually originally founded inovio in the United States this is uh pulsed electrical fields they have one of the DNA vaccines for Covid then the planes hit the towers the investors pulled back and I went to work for a company called dynport vaccine company that had the prime systems contract as government speak for all the biodefense products for the department of defense for advanced development which is to say clinical trials through licensure and that's my kind of transition from being an academic to focusing on actually making things that work in people and the big epiphany there was that the world is full of these academic thought leaders that publish in big journals and stuff but that doesn't really lead to products and I really wanted to make products
that would help people and so since then for the last I guess about 20 years I've been focused on actually doing stuff regulatory affairs, clinical development, getting necessary training, etc. completed a fellowship at harvard university medical school in uh global as a global clinical scholar to round out my cv and I've uh run you know over 100 clinical trials mostly in the vaccine space but also in drug repurposing I've been involved in every major outbreak since aids this is kind of what I do um I've won literally billions of dollars in federal grants and contracts I'm often brought in by nih to serve as a study section chair for awarding you know 80 to 120 million dollar contracts in vaccines and biodefense I've spent countless hours at the CDC at the AC ACIP meetings um I have multiple friends at the CDC I work closely with defense threat reduction agency which is a and it's one of my favorite uh clients partners teaming partners and I work with the chem biodefense group there's other branches um including the other this is not the branch that funded the wuhan labs that's another branch of DTRA um I've got many friends in the intelligence community so I'm I'm kind of a pretty deep insider in terms of the government I know Tony Fauci personally I've dealt with him my whole career and then and then we had this particular outbreak and um I was uh tip of the spear on bringing the ebola vaccine forward that we now call the merc ebola vaccine I'm the one that got Merk involved.
JR: now when the pandemic broke out previous to that I mean you're you're kind of thought of as a heretic now in some strange way…
RM: Pariah.

JR: yeah it's probably a better word and the fact that you've been banned from twitter is it's it's very confusing because I've been following your tweets and I've been reading all the things you've written and I don't understand how it justifies a ban and I don't know what was the partic particular tweet did they tell you what the particular tweet was or what the offense was that
RM: they never tell you
JR: they never told you
RM: well they never tell anybody
JR: they removed you for not going along with whatever the tech narrative is because tech clearly has a censorship agenda when it comes to COVID in terms of treatment in terms of the whether or not you're promoting what they would call vaccine hesitancy they can ban you for that they can ban you for in their eyes what they think is a justifiable offense and they're doing this and I don't know who these people are that are doing this but they're doing these this one of the most important things about you reading out your history like that is to one of the most qualified people in the world to talk about vaccines
RM: well thank you for that I I think that that's so one way that some people put it is and of course since this has happened I've been contacted by multiple lawyers that are looking at filing a suit just like alex berenson has one against twitter um and and the point is made just with what you just made uh um if so the point that I I think is kind of succinct on this is um if my voice if if there's no merit to my voice being in the conversation whether I it's true or not whether I'm factually correct or not let's park that just for a minute whether or not I'm right in everything I say and I freely admit no one's perfect I'm not perfect it's one of my core points is people should think for themselves and I try really hard to give people the information and help them to think not to tell them what to think okay um but the point is if if I'm not if if it's not okay for me to be part of the conversation even though I'm pointing out scientific facts that may be inconvenient then who is who can be and whether you're in the camp that says I'm a liar and I didn't invent this technology despite the patents when there's a whole cohort of that no one can debate that dispute that I played a major role in the creation of this tech and virtually all other voices that have that background have conflicts of interest financial conflicts of interest I think I'm the only one that doesn't I'm not getting any money out of this so I think that it starts to touch on some fundamental constitutional principles about rights of free speech I suspect that's kind of where you're going on that
JR: well most certainly but also how disturbing it is for someone who's not an academic like myself to watch people like you get silenced and silenced in this platform of social media where people are exchanging information they're posting up studies and you're discussing different parts of this pandemic that are in the news and what the issues may lie in and where your background and your expertise allows you to explain this in a way that maybe it's not being explained because of the narrative that's being discussed in the mainstream news and to watch you get silenced first of all to watch you get ostracized I've seen that I've seen people distance themselves from you I've seen people call you a crazy person and criticize you but with no specific thing to point to it became like a tag they put on you like oh that guy like I brought you up to someone and he goes oh that guy's crazy I go how so there was no answer
RM: yes so

JR: okay so this is a thing you're gonna just say someone's crazy when they say something that's inconvenient or say something that makes you uncomfortable because you've decided to accept a certain narrative. Did twitter warn you?
RM: no.
JR: Was there any tweets where they said that this is misleading or anything?
RM: no no they never do.
JR: do you have any idea what the final tweet was or what the context was?
RM:I think I do and there's no way to confirm it until the lawyers you know do their lawyering um now I did have in the case of when I was banned from LinkedIn remember this happened um
RM: I wasn't aware of that
JR: yeah I was de-platformed from linkedin many months ago and uh it was uh there was actually two events of of de-platforming in linkedin and in both cases I was able to get an explanation for what the specific crimes were the thought crimes and in in the first one it was a tweet a linkedin posting in which I pointed out that the chairman of the board of Thomson Reuters also sits on the board of pfizer and and I simply wrote um is does this look like a conflict of interest to you okay and this gets to your core question about tech it's not tech it's it's the horizontal integration across all major industries now under the control of common funds all of these industries the harmonization of the tech censorship the interests of pharma um big media etc and governments all being harmonized in their messaging globally I mean I travel a lot okay I see the same and I have physicians coming to me all the time about what they're experiencing the same playbook is going on every continent okay but getting back to linkedin so this is this is the first event and steve kirsch intervened called up a vice president of linkedin and steve kirsh is a tech guy right yeah yes he's a silicon valley entrepreneur um who you may or may not recall that I was on the brett weinstein dark horse podcast with steve that kind of lit this whole fire up months and months that's right okay that's where I first saw him yeah so so he he has great network connections in silicon valley he invented the optical mouse um and so he he called this vice president linkedin the guy looked into it meanwhile um people started dropping off of linkedin in protest and there was major press articles all over the world and then they reinstated me and I actually got a very kind letter this is unprecedented personal letter from this vice president apologizing and saying and saying specifically that they didn't have the talent to fact check me and uh then therefore they were gonna let me go now then subsequently I got dropped again and a phone call was made and they got put on. In that case, the sin was that some one of their fact checkers because remember this is microsoft one of their fact checkers had identified the atlantic monthly article attack article was written about me and concluded that I was an anti-vaxxer and therefore I should not be allowed on linkedin now the context for that that's fascinating is that atlantic monthly attack article that is often cited by my detractors and it's a fascinating read um we could go down that rabbit hole but no reason um it was written a few days after peter navarro and I came out with an op-ed in the washington times in which we criticized biden policy on vaccines and said that they should be reserved for those that need the most and not used universally and we said some other things about the need of of testing and um tools so that people can assess their true risk it was a political retaliation intended to take me off the
map as I was starting to interact more of a public policy sphere now with this this twitter event my wife and I have racked our brains about what was the what is likely to have been the tweet

that triggered this and you know you never know the last two that I can think of that went out was one that was on our sub stack in which we um referred to a fantastic video that has been put out by the canadian COVID care alliance group that summarizes all the malfeasance and data manipulation misinterpretation associated with the pfizer vaccines and their clinical trials it's a super video and um of course that's I guess that is uh interpreted as something that would cause people to become vaccine hesitant that's the sin in general is saying things that cause people to become vaccine hesitant the other thing that I put out immediately before that was a post a link to a website for the world economic forum that lays out their entire strategy for how they manage media how they're managing COVID 19 and all of their core messaging it's a fascinating website with links those are the only two things I can think of that would meet the criteria. So, you know my position all the way through this comes off of the platform of bioethics and the importance of informed consent so my position is that people should have the freedom of choice particularly for their children um and that in order to con to appropriately choose to participate in a medical experiment they have to be fully informed of the risks as well as the benefits and so I've tried really hard to make sure that people have access to the information about those risks and potential benefits the true unfiltered academic papers and raw data etc. and the policy that's being implemented is one in which no discussion of the risks are allowed because by definition they will elicit vaccine hesitance so it can't be discussed but that's the fundamental background that's the backbone of informed consent so informed consent is not only not happening it's being actively blocked that makes sense.
JR: it does make sense and it's unprecedented I mean I can't recall a time ever where people weren't able to discuss the side effects of medication whether or not the studies are accurate whether or not people should universally take these things or whether it should
be done on a person-by-person basis this is a it's a very strange time and so when someone who's an expert like yourself has a dissenting opinion and you see that dissenting opinion immediately silenced or si- or at least immediately criticized and then these attempts at silencing it it just signifies how confusing and how troubled the times were in are when Covid first hit when the lockdown started happening in march of 2020 what was your position on all this.
RM: so you're kind of asking my origin story with Covid
JR: yes I mean were you initially um have you taken the COVID vaccine
RM: so the answer is yes I've also been infected twice
JR: after you took it um
RM: once before I was infected at the end of February because I was attending a MIT conference on drug discovery and artificial intelligence so this is pre-lockdown February 20. you but it goes back further than that um there's a CIA agent that I've co-published with in the past named Michael Callahan he was in Wuhan in the fourth quarter of 2019 he called me from Wuhan on January 4th I was currently managing a team that was focusing on drug discovery for organophosphate poisoning ergo nerve agents for DTRA, defense threat reduction agency, involving high-performing computing and biorobot screening um high-end stuff and he told me Robert you got to get your team spun up because we got a problem with this new virus I worked with him through prior outbreaks and so it was then that I turned my attention to this started modeling um a key protein a protease inhibitor of this virus when the sequence was released on January 11th as the Wuhan seafood market virus and I've been pretty much going non-stop ever since to that point with with drug repurposing so I'm the one that originally discovered famotidine

as an agent um because I was self-treating myself after I got infected with agents that we'd identified through the computer modeling.
JR: so February of 2020 you get infected and how bad is your case
RM: bad I thought I was going to die you got to remember I was up up up on all the latest information from china and everywhere else I knew all about this virus I knew you know I I've been watching the videos of people dropping in the street my lungs were burning until I took famotidine and that relieved that
JR: and what is famotidine?
RM: it's otherwise known as pepcid so just to on this tangent since I've said it um I've got some good news to announce um first time here uh today we believe we should have the first patient enrolled in our clinical trials of the combination of monitoring and celecoxib for treating SARS-CoV-2. This is trials being run by the company lidos which is one of my clients that I've helped design that's based on my discoveries they're funded by a defense threat reduction agency so this is another drug combination now I work with all these folks like Peter and Pierre um that I know you know
JR: Peter Mccullough, Pierre Cory
RM: but I haven't pushed this drug combination I just felt it was inappropriate until we got the trials running but they're now open and we've passed through the FDA screening process by the way we tried to get we had data showing that adding ivermectin further improve the combination but the FDA created such enormous roadblocks to us doing an ivermectin arm that we had to drop it and by we what I'm saying is the FDA created so much grief that the DOD decided it the juice wasn't worth the squeeze and they just dropped that arm
JR: why do you think that is what do you think is going on with the pushback on ivermectin
RM: So it's not just ivermectin, its hydroxychloroquine and just to put a marker on that there are good modeling studies that probably half a million excess deaths have happened in the United States through the intentional blockade of early treatment by the U.S. government that is familiar
JR: half a million
RM: half a million that is a well-documented number okay and it's the combination of hydroxychloroquine and ivermectin now when you ask me why you're asking me to get into somebody's head what I can say as a scientist is what I observe um the behaviors, the actions, the correspondence, these bizarre things like uh you know don't you know it's a horse drug y'all right which is amazingly pejorative I live in virginia okay I can tell you the people around me I live in a rural county and I raise horses um that was deeply offensive um to use that language in that way um but there's clearly been an intentional push and Zeb Zelenko who's a buddy the guy that came out with the original protocol zlanco protocol and was the one by the way that wrote the letter to um to trump advocating for hydroxychloroquine okay kind of important to put that together he's put together a great little video clip in which he clearly documents the conspiracy between Janet Woodcock and Rick Bright to make it so that physicians could not administer hydroxychloroquine outside of the hospital
JR: and who is Janet Woodcock and who's Rick Bright
RM: rick bright was the head of BARDA the biomedical advanced research director which is the group that for instance funded the JNJ vaccine and operational warp speed etc so they're the big-ticket funder in health and human service of biodefense products

JR: and who is she
RM: Janet Woodcock um was head of operation warp speed for drugs and until very recently head of the FDA she is uh known as the person who kind of gets the credit let's say for the opioid crisis for her role at the FDA
JR: so between the two of them was there was some sort of a concerted effort to suppress the use of hydroxychloroquine
RM: Rick Bright in in videotaped explicitly spoken about how they conspired to cook on a strategy using emergency use authorization to make it so that hydroxychloroquine could only be administered in the hospital which by the way is too late for when hydroxy should be used
JR: and why do they do that
RM: that is what is the unknown and there's so many why's in-house behind this I like to say there's a stack of stuff that doesn't make sense it's about this high um now there is I can't prove I can't get into rick's head I know rick quite well um I don't know what he's currently working for the Rockefeller he did a whistleblower case and then he left the government but um all I know is they did this and rick admits on it on videotape that he did it and um and he states that the reason was is that he believed there was no evidence of hydroxychloroquine being useful for this virus now that's false hydroxychloroquine was known to be effective against sars-1 that
JR: wasn't that regular chloroquine
RM: hydroxy hydroxy hydroxy and chloroquine are closely related molecules hydroxy is slightly less toxic by the way one of the nice things we had actually filed in during zika I did a lot of drug repurposing I filed patents on the use of hydroxy in zika one of the reasons is because hydroxy is one of the few molecules that have antiviral activity that are safe in pregnancy um and you remember zika was a pregnancy issue
JR: yeah
RM: so hydroxy's been out there for a long time as having viral antiviral effects and um the other part of Rick's story that kind of doesn't make sense that there was no data on efficacy is that um I was the guy that first acquired because I had Chinese connections the Chinese protocol for treating this virus I got it in late February and I sent it in to my buddies at the CIA and at DTRA at the assistant secretary for preparedness and response the government had those documents when rick made those determinations so the assertion that there was no data on hydroxychloroquine at the time when this decision was made is just patently false it's there. So, what is the motivation you're right what this none of this makes sense on the only thing you know this is a journalist problem um and you know the classic guidance is follow the money
JR: yeah
RM: and um so it it it is bizarre that Merck would come out with these explicit statements about the safety of ivermectin. Both ivermectin and hydroxy are on the who list of essential medicines they have been administered for millions and millions of doses they're among the safest medicines we know when administered within this acceptable window pharmaceutical window um they the ivermectin is even safer than hydroxy so merc coming out of the blue and saying ivermectin isn't safe is really inexplicable now another thing is that I sit on the active committee for drugs as an observer. What is the active committee? This is the NIH committee that's guiding the clinical trials for these various repurposed and novel drugs I saw listened to heard witnessed the representative of Merck that's on the committee because the committee is full of pharmaceutical representatives even though it's an NIH public committee explicitly attack the

decision for the federal government to test ivermectin she said there's no reason to do this now what's happened since then is is active sticks is still testing ivermectin and they've had to go to a higher dose because as we pointed out essentially their initial trial design was designed to fail it was a short course with inadequate levels of drug and so now they've upped it to I think it's five days and 600 micrograms per gig that's the current dosing in active sex but there is clearly a concerted effort on the part of multiple players in the pharmaceutical industry in concordance with the federal government to kill ivermectin as a potential alternative early treatment strategy
JR: and if you're going to follow the money the problem is there's not a lot in ivermectin because it is a generic drug and any compound pharmacy can make it and
RM: it's fairly cheap because it's easy to make and you know we you can get ivermectin um and you know at in bulk at less than a penny a dose
JR: wow so um the original sars was is it 90 similar to sars ko v2
RM: uh it's that those terms 90 or 96 or 98 um it's those are really not they're kind of um irrelevant uh you know that you can have something that's 99.9 similar and uh the difference is all the difference
JR: but if chloroquine worked on the original sars or it showed efficacy in original sars is it safe to assume like without adequate tests that hydroxychloroquine would work on
RM: it's the decision that was made by the Chinese government okay that's my point I got the original Chinese protocols this is what they were using
JR: and they were using it effectively
RM: yeah
JR: yeah so uh were they using ivermectin as well
RM: no
JR: no uh but other countries have like Japan and India and
RM: Uttar Pradesh as you know has crushed COVID
JR: yeah can you explain what they did to do that because it's kind of fascinating
RM: it's it's not clear um what are the drugs so what they did do what we do know and there there's some backstory to this that we could go into if you want to but the observation is there was a decision made the virus was just ripping through uttar pradesh it has almost the same population as the United States it's huge okay dense urban poor all the characteristics of the stereotypes of the indian countryside and uh the virus is just ripping through there and causing all kinds of death and disease and the decision was made out of desperation in that province to deploy early treatments as packages widely throughout the province and it included a number of agents the composition has not been formally disclosed it was done in coordination with unite with who and whatever was in those packages um was rumored to include ivermectin um but there was a specific visit of biden to Modi and um a decision was made in the indian government not to disclose the contents of those packages that were being deployed in uttar pradesh which they're still thereand utter pradesh is flatlined right now the rest of the world is yelling about Omicron and and in hospitalizations well south africa isn't but utter pradesh is still flatlined in terms of deaths
JR: so they were visited by someone in the Biden administration
RM: there's a meeting between Joe Biden and um Modi and you believe that out of that meeting I don't know what they said I didn't wasn't invited all I know is that immediately

afterward there was a decision not to disclose the contents of what was being deployed in Uttar Pradesh
JR: It's so crazy to imagine that in the middle of a pandemic there's one place one area of India that's extremely successful in combating the virus and they're not going to say how they did it I mean that's nuts
RM: that's I you know so that's where I kind of my stance in all of this is to say here are the facts here are the verifiable data draw your own conclusion
JR: okay now February of 2020 you catch it what did you take
RM: Famotidine.
JR: Famotidine and anything else
RM: no there's nothing else available
JR: so this was so early on the pandemic how did they did you want to being hospitalized
RM: nope
JR: no
RM: I did have I did develop lung COVID and people always I always get the why did you take the vaccine well I took it fairly early on I took moderna because that's what the national guard was deployed in my very rural county in basically central-northern Virginia
JR: isn't there some evidence that the vaccine actually helps people with long covert that was the um that was the rumor at the time that was then that was I took it for two reasons I had long covered it was supposed to help with that and I knew I was going to have to travel internationally to France um and Portugal in the near future
JR: now is there any evidence that the vaccine helps against long covert or is there anecdotally is there anything
RM: anecdotally there was and I have not seen a peer-reviewed solid publication or or um preprint that supports that now but that was the act of rumor at the time and since then what we do know for sure well documented if you've got prior COVID and natural immunity you you have a higher risk of adverse events from the jab now the other part of my story that often gets overlooked so I took two doses of moderna with the second dose I developed stage three hypertension with systolic blood pressure of up to 230 okay I'm lucky to be alive you know what it means is I've had a stress test of my aorta and my cerebral vascular system and I didn't have a stroke and i didn't tear my aorta all to shreds but it's a good thing I had I had irregularities of heartbeat incredible hypertension, pot syndrome, narcolepsy, restless leg syndrome, these are all known side effects that are associated with the vaccine they're relatively less frequent than the myocarditis in the children, in male children in particular, but they're all known on the list of adverse events and it's very clear that people that have natural immunity have a much higher risk factor um for this whole spectrum of adverse events but even if they get jabbed
JR: even though that's known there are so many people out there telling people who've just recovered from COVID to get vaccinated
RM: it is um there is a number of things here that um are not supported by the science I'll say gently um to be less gent since gentle since we're on the Joe Rogan show I can speak freely it's nucking futs this is just wrong it's not consistent with the data
JR: Well it's it doesn't make sense either what we know about natural immunity is that natural immunity at least according to that study in Israel which is like what 2.5 million people I think they said that it's between 6 and 13 times more effective than the vaccine

RM: that is six or 13 times more effective in hospitalized preventing hospitalized COVID it's more like 20 or more fold or yeah 27 fold better at protecting against developing the disease remember infection does not equal disease
JR: right
RM: um and that's only one of over 140 studies that document that natural immunity is superior to vaccine-induced immunity and oh by the way as a vaccinologist and an immunologist I wouldn't expect anything different
JR: but the CDC recently disputed this this
RM: it was a fascinating uh play so the CDC uh for most of us that are at all objective in the science world look at what's going on at the CDC aghast I mean the CDC has just compromised it what they did with that was a very small study with intrinsic bias all over the place much much smaller than the Israel I study that you're citing much less rigorous
less statistical power and they pushed that out as their um justification for their position concerning uh natural immunity but
JR: who funded that study
RM: CDC it would be the federal government
JR: so they funded this study they did it themselves and do you believe they did it with the intent of coming to the conclusion
RM: you're asking me to apply intent and I've had too much time with lawyers and I'm not going to do it good for you
JR: so either way there are many many many studies that point to the fact that natural immunity is superior
RM: absolutely
JR: having recovered from COVID
RM: Like over 140.
JR: and also multiple studies that show that people who have had COVID who get vaccinated after the fact have a higher risk I think it's between two and four-fold right
RM: you're on top of the data
JR: two and a four-fold risk of adverse side effects
RM: increased risk
JR: yeah increased risk so for you uh you did not know this when
you got vaccinated
RM: no
JR: What was your thoughts I mean since this was a technology that you were a pivotal part of the creation of and so you're getting this vaccine you probably were thinking look at this all my hard work come to fruition it's gonna protect me from the virus
RM: I actually said to the nurse when I took the first jab um I bragged a little bit I usually don't um I'm usually you know keep it on the down-low um I don't like to wear it on my shoulder but um I did say you know I I invented this tech she's like oh that's really cool can I take a selfie um but
JR: she aspirate before she uh shouted into you
RM: I have that whole aspiration thing yeah I'm sure she did yeah yeah she's a well-trained nurse
JR: when you say that whole aspiration thing…

RM: any skilled medical practitioner when I inject my horses right I breed horses I've got 20 on the farm okay I give them drugs all the time I always aspirate
JR: but I saw the shot where Joe Biden got it on tv and they didn't aspirate them they just
RM: I don't know what to say um
JR: I'll tell you what to say
RM: yeah so so
JR: That's not the way to do it.
RM: yeah and was that really a vaccine right then we go down that whole rabbit
JR: that's my favorite rabbit hole um because of the fake set remember
RM: yeah so you know there is there it's okay so you know Joe you're in media I guess what what we're experiencing is coordinated media warfare the level of which we have never seen before and I and my peers who were experienced in multiple outbreaks have never seen this level of coordinated propaganda
JR: Is this because there's never been an outbreak that coincided with the use of social media because there really hasn't been I mean H1N1 was was it 2009 that that broke out
RM: I was pretty active uh through zika
JR: but okay and that was
RM: I don't remember the years but I was on LinkedIn and Twitter all the time
JR: the thing about what's going on now it's there's a heightened aspect in terms of like it's the influence on society that social media has that is it's stronger now than it was two years ago it's stronger two years ago than it was two years before it's ramping up exponentially in some sort of a strange way that's affecting society and then the censorship aspect of it which is kicked in and as you said that they're stepping in line with tech doing it with the pharmaceutical companies, doing it with the government they're all sort of on the same page when it comes to the messaging
RM: yes so now you're going to the next level of you know wtf
JR: yeah
RM: um and uh um how to open that can of worms first off you don't see um you're aware of the trusted news initiative
JR: yes can you explain it to people
RM: yes so um there uh the bbc announced uh to the world last fall that this organization that they had led the development of which ties together big tech and big media in service of the government uh and was built expressly for the purpose of protecting the democratic voting system you know small d on the democracy um and in voting integrity from undue influence from hostile offshore players through media information campaigns which you'll recall was the claim that was made against russia and so this was the response of the western nations to to build this new structure called the trusted news initiative that would survey all information about um elections and prevent the intrusion of foreign information into the democratic process and creation of undue influence by foreign actors shortly after it was created it was um there was an awareness in the pharmaceutical industry that this could be used to um address a a particular devil challenge that they had which was the pejorative label anti-vaxxers that's also been deployed against climate spect skeptics okay so anti-vaxxers you'll recall is the the label that is used to to basically take anybody out that is raising any concerns about vaccine safety um it's it's the pejorative that's applied and it makes it really easy for the media to basically um take off

the table anybody that's saying something that is contrary to the interests of the really the vaccine industry
JR: right
RM: um so there was a decision that this same toolkit this same integrated um international media and high-tech um organization led by the BBC would be pivoted to resisting vaccine misinformation and disinformation and uh they put out a proud press announcement last fall that this is what they're gonna do and um they defined these things misinformation and disinformation as anything which was going to lead to vaccine hesitancy and which was contrary to the official statements of the world health organization or their respective
national health organizations so if CDC says the world is flat then the world is flat and there will be no discussion about whether or not the world is flat I'm using obviously an ex a simplified um silly example um so whatever the CDC or tony fauci or tedros etc says is truth by definition and any any information or discussion which is contrary to that truth will be suppressed it will be deleted and those people will that are are expressing these opinions that would lead to vaccine hesitancy which to some eyes would be informed consent and and decisions by an individual that they believe the risk benefit ratio doesn't matter doesn't make sense to them that will that information will not be allowed and those people that are spreading that information will not be allowed to interact in the public sphere in social media okay so that's this kind of if you want to unpack this whole thing it starts by understanding the trusted news initiative and we've got um great links about that that have been put out explain explanatory and links for instance I put out a sub stack recently that talks about the trusted news initiative and the censorship in which I link to both the bbc's trusted news initiative website so you can see what they have to say and a video that describes the trusted
news initiative from my point of view is somebody who that's been on the receiving end of the trusted news initiative now that's the starting point but it doesn't explain the global coordination because TNI is mostly western and it doesn't cover a lot of the other you know Latin America for instance or Spain or Israel and the only way that I can understand how all of this messaging censorship um you know what it really is is canceling
and Bobby Kennedy makes the point that the first real example of cancel culture that we can track is Tony Fauci canceling the esteemed virologist Peter Duisberg because he was raising questions about the origin of HIV and its role in the disease calls it called aids I remember when that happened I was a
JR: I had Duisberg on my podcast a long time ago and it was the first time I ever got ike extreme pushback from people that were like I mean this is after protease inhibitors had been used so it didn't even make sense and people are saying you have blood in your hands people are going to die because of this podcast and I'm like what are you saying right like this is a guy who's a biologist university, university of California Berkeley.
RM: Full professor.
JR: Yeah, I mean a brilliant guy.
RM: Yeah, totally one of the best virologists of his generation, full stop.
JR: And, um, very controversial opinions, but the only way to find out if someone's controversial opinions are valid is to ask questions, talk to them, and let them express themselves and then I wanted to have someone come on and debate him. I
could not find anyone willing to do that no…

RM: It's this is covered in detail in Bobby Kennedy's book about Tony Fauci. It's one of the great case studies now we have a more recent example of this cancel culture as it's played by NIH and by Tony in the emails that came out recently when you have Cliff Lane, Tony Fauci and um the director of the NIH Francis Collins um…
JR: Yeah.
Malone: …basically coming out and saying that they're gonna ridicule and destroy um fringe epidemiologists and what was their sin these fringe epidemiologists that warranted a concerted effort on the part of the federal government to destroy them? Their sin was raising questions about the effectiveness of vaccine lockdowns, okay? And who were these fringe epidemiologists as stated by Francis Collins, who by the way has no background in epidemiology or public health, okay? He's a sequencing guy that's his claim to fame as the human genome project and the cystic fibrosis transmembrane regulatory protein he has no background in immunology, no background vaccinology, no training in public health, but who are these three fringe epidemiologists well they happen to be full professors from obscure universities; Oxford, Harvard, and Stanford, okay?
JR: They were warning about lockdowns.
RM: They were warning about lockdowns in the Great Barrington Declaration that's what prompted that.
JR: Can you explain the Great Barrington Declaration?
RM: So, these three esteemed high-profile academic epidemiologists came together and said and did a comprehensive analysis about everything that was known about lockdowns and their impacts during infectious disease outbreaks and they came out with a specific statement. You can find it on the web lookup great Barrington declaration and they came out with a specific statement that these lockdowns were going to cause more harm than help which was contrary to the messaging that was being put input out by Tony and so Tony decided that they had to be destroyed and then you had Francis Collins recently coming on Fox News after these emails were FOIed and brought out into the open and saying that if we had followed their advice millions of people would have died. This is the fallback anytime you criticize these guys. What they say is oh you're killing people I mean they do it to me too.
JR: So, if they had just done what Sweden had done and some other countries where they didn't institute lockdowns and they sort of let people just live their lives and make their own choices they were saying that millions of people would have died?
RM: So it would be so it seems.
JR: But time has shown that Sweden actually had a more effective take on the virus. I mean it was highly criticized in the beginning people were really concerned that they weren't taking it seriously enough and then there was also some concern that it wasn't you couldn't compare they weren't comparable because the way Sweden is it's like small towns they're separated from each other it's not a high-density situation like new york or Los Angeles or Chicago, but overall in time we've seen that this vest respiratory disease spreads period no matter what. It just it seems to make its way to people no matter where you are and what it's done in that country is it's kind of burned through the population and their mortality rate is lower than most places their infection rate is lower than most places and it didn't do the devastating economic damage and the devastating damage to children that were forced to isolate and not be with their friends and not go to school and not socialize.

RM: So, here's an even more fun one, okay, that's that just cuts right to it um you know the pejorative these days is the country's name is actually “Pfizreal”. It's no longer Israel um the Israeli people are very compliant with their government and the government has a financial deal with Pfizer, okay, and they only have Pfizer vaccine and they're now on jab number four there's a natural experiment that's occurring in the Palestinian territory in the surrounding states those surrounding states in the Palestinian territory does not have that level of vaccine uptake at all. The mortality in the surrounding states in the Palestinian authority is substantially less from this virus than the mortality in Israel.
JR: Now is that factored by age? Is it like what is so what are the variables?
RM: Good question and this is akin to this mystery sorry of what's going on in central Africa and the malaria belt where you have really low levels of mortality um and what you're hitting on appropriately or getting right to the core of the issue is confounding variables and in general the Israeli population is a little bit older than the Palestinian territory on average, so, that's a lower risk neither one of them are associated with high rates of mortality of morbidity of obesity and so that variable seems to be out that may be one of the major variables in africa is that in that malaria belt people generally aren't fat, um, they happen to also be taking ivermectin and hydroxychloroquine for the indigenous parasites that they have to deal with. Um, so, a lot of people were saying well that must prove that hydroxy and ivermectin protect, well not so as you point out there's a lot of moving parts here and um so this is why you know I'm glad you didn't ask me well why is that Robert um because I would have said i can't say because there are too many confounding variables, however, it is a fascinating observation um that we have this um intensively vaccinated cohort in Israel and in much much less vaccinated cohorts in the surrounding states and you can look it up on world of meter you don't have to, believe me, you know your audience is smart enough they can go on world of meter and look it up and look at the mortality and morbidity in these different countries and figure it out for themselves.
JR: Is the rate of infection comparable?
RM: Hard, you know rate of infection is a really hard variable because it's a function of the density of testing and so you know this is one of the situations the more you look for it the more you find which is why you really can't use that as a denominator is the incidence of infection because the incidence of infection is totally contaminated by the frequency of testing and the density of testing so you have to rely on things the only really the only thing close to a decent outcome indicator that isn't subject to all this bias that's all over in the system except in a few states Iceland, the Scandinavian states, generally have relatively clean data the UK to some extent um has cleaner data it's now clear that the Israeli data set is contaminated by all kinds of a monkey business in terms of what gets deleted but the only thing that seems close to a reasonable outcome variable is all cost mortality so because in people get kind of wrapped up around this and they say well you know that this vaccine, these deaths, that was I mean this is the everybody argues both sides of the coin with the VAER system oh that means nothing and then oh well the CDC uses it it means everything right um and and it's okay for them to use it to the numerator but it's not okay for anybody else to use it .
JR: And for people who don't know we're talking about the vaccine adverse event reporting system that's VAERS.

RM: Which is which the FDA explicitly said in the licensure packet for commeritynis inadequate detect rare to detect rare adverse events that's why they forced if if they ever market community in the United States they're gonna have to do a bunch of clinical trials which I think is one reason why they're not doing it um because the FDA has told them that VAERS is basically junk but it's best we got okay so you know when you when you look at these uh ratios you you the argument is well just because somebody died within X number of days of receipt of vaccine it doesn't mean their death is vaccine caused, it's vaccine correlated, that's fair but it's the only variable we have and it's consistent in that we've had that variable in that outcome measure for decades. Okay, so then we can look at trends but what we see is this explosion of vaccine-associated deaths and you and to kind of pick that apart people say you know well if you had a car accident or a bullet to the head and you went to the hospital and they tested you with a pcr test that's non-specific and they ran it up to 42 cycles and they said oh look there's the virus, and by the way they have a financial incentive to do that, um, that results in a false positive death; true, but the other side of the coin is that if somebody's having brain fog or they have a stroke while they're driving the car and they crash and die and they've had it within you know 48 hours of when they took the jab and we know the jabs cause blood clotting and strokes well then it could well be that an auto accident is vaccine-related, catch my point? Yeah so so all of these kind of things you can't sort out what's what you just kind of have to take the aggregate value and hope that you have a large enough sample size that it contracts corrects for all that stuff, all that noise that's inherent in the system.
JR: Now you just glossed over the financial incentive to report a COVID death. What is that? What is the financial incentive? Because there's all these rumors that you would hear about what a hospital gets paid per COVID death and that the government gives them money and that they're incentivized to make something mark it down.
RM: It's not rumors.
JR: It's not rumors.
RM: Well now I don't have the specific numbers at the top of my head I'm not a hospitalist. I'm not a hospital administrator, but that the numbers are quite large there's something like a three thousand dollar basically death benefit to a hospital if it can be claimed to be COVID. There's a financial incentive to call somebody COVID positive the CDC made a determination in year one this is why all of our baseline data is junk.
JR: What is the financial incentive to say that they're COVID positive? That's why the pcr cycles are ramped up so high?
RM: I, again you're asking causation. I can tell you that there the hospitals receive a bonus from the government I think it's like three thousand bucks if someone is hospitalized and able to be declared COVID positive they also receive a bonus I think the total is something like 30,000 in incentive if somebody gets put on the vent then they get a bonus if somebody is declared dead with COVID. Okay, so they have an incentive at the front end to declare somebody COVID, a COVID case. The CDC made the determination that they were going to make a core assumption if PCR positive the and you die that is death due to COVID, and so the extreme example just to to show the absurdity um if the patient comes in with a bullet hole of the head um and they do a nose swab and they come up pcr positive they're determined to have died from Covid when in fact they died from lead poisoning.
JR: That's real?

RM: Yeah.
JR: So they've really done that with gunshot victims?
RM: I don't know about, yeah, yeah for sure trauma and other things.
JR: I, I've seen that said, but I've always thought that's ridiculous there's no way a hospital would do that.
RM: It's, it's not, it's not it's not a question of what hospital would do it's a question of med codes.
JR: So the code is set that if you swab that person and you are you're supposed to swab them?
RM: And, and you get a positive signal and…
JR: Are you obligated to swab them no matter who they are if they come in with an injury?
RM: I believe it's the common practice. I don't know whether there would be an obligation that would be a hospital by hospital policy.
JR: So that it really is true that if someone has a gunshot wound and they're dying of that gunshot wound and you check them for Covid and if they're COVID positive and they die they marked it off as a COVID death?
RM: That is a that is by definition from the CDC that was a decision that was made early on.
JR: That seems insane.
RM: That, there is, that there is, that's why so many of us are so much in arms up at arms and and I'm really pretty aggravated about what's going on is all the way through this the information. Let me put it this way Joe; Part of the reason, I know you're somebody who is really committed to bringing everybody together and the idea that we're really one America um we're one people we shouldn't be divided like this…
JR: I'd like that for the whole world.
RM: Amen, yeah, amen okay we're aligned.
JR: We're just humans.
RM: Thank you, okay, but we've been divided in this way in and it's all been politicized and the data have been so thoroughly manipulated that it's hard for any of us to make sense out of it and all the way through our government at least I can't speak to great Britain or Germany but our government has had a series of checkpoints where they have a job to do and I know this because this is what i do for a living, right? I do regulatory affairs and clinical development. We wouldn't be having all of this conflict about what is true if the FDA had done its job. What the FDA didn't do was force the pharmaceutical manufacturers to do their job.
Now, we can we can wrap around you know, well, maybe, it was just they were all in a rush we were all panicked but the bottom line was they didn't do their job and they didn't force pharma to do its job and they didn't employ the standard requirements for testing and verification that pharma was doing its job that I would expect to experience as a clinical researcher on one of my studies, okay? What's gone on with Pfizer if the whistleblower comments hold true and for instance the Maddie Degary case, this young woman who was listed as having a stomach ache that participated in the Pfizer trials when in fact what she had was a seizure and she's now wheel bound wheelchair-bound with a nasogastric tube, one of a thousand subjects.
JR: This is a 13-year-old girl right that was a part of the study and they wrote it down as what?
RM: Gastric distress.
JR: That's literally what it says in terms of the adverse effect, gastric distress? Like what is gastric distress?

RM: Stomach ache.
JR: That's it? But, what, how do they account for all the other injuries.
RM: They don't they take her off the study
JR: How's that possible? That's totally unethical. Who's signing off on that? How are they allowed to do that?
RM: So the way the rules work in regulatory affairs so this is law right this is regulatory affairs law in common practice at the FDA and globally there's all kinds of treaties and things that regulate how these things are supposed to be done. The rule is it used to be that a pharmaceutical company could kind of offload all the liability for bad stuff that might happen in a clinical trial and be mismanaged, etc.. On to the performer, the subcontractor used to be that pharma actually did the trials themselves and then they found it was cheaper more efficient and they could push off their liability if they engaged companies like I've been working for for decades contract research organizations, clinical contract research organizations, and so that was done for a while and if anything that went bad in the trial then the pharma could say oh it wasn't us it was those guys. Now over the last few years the FDA got wise to that and they made policy that the responsibility vests with the sponsor that's fancy regulatory speak for it it's pharma owns it. Okay, so you ask the question whose responsibility is it to ensure that the data isn't contaminated and manipulated the answer is Pfizer.
JR: Wow, so they're responsible for the data they're allowed to say that this was just some sort of a gastric distress.
RM: And the job of the FDA always is to ferret out monkey business which happens all the time whether intentional or unintentional and there's all kinds of ways you can craft clinical trials and craft clinical trials study reports, final study reports, to hide the bad stuff and highlight the good stuff.
JR: So in this clinical trial that this young lady was involved in how many children were involved in the study?
RM: It's 2000 approximately but they're split into placebo and experimental groups and so she was in the treatment group.
JR: Now one of the things that people have said in response to the vaccine injuries is that it's approximately one in a thousand that are getting these significant injuries like myocarditis and so you think…
RM: There's a, there's a, well, um, it's important when we talk about these things to make a distinction between an event that is clinically significant and might result in hospitalization versus something that might be undetected unless you did a laboratory test or you know maybe like for instance myself when I started to experience those things that I experienced after moderna. I was confused it was not listed as among the side effects. I thought I just suddenly developed um rampant hypertension um until the data started coming out and I you know fortunately I had an astute cardiologist that got me into control and got me under medical management um and then I looked into it oh this is one of the known side effects and then time went by and it became more and more clear so the point is that what gets reported in a study is often biased by how the study is structured because one list when you when you write the study protocol you list expected adverse events and so people if those things happen often times they get checked but I guarantee one of the expected adverse events was not seizure and paralysis okay now what they did one of the things there's all kinds of tricks you can play with the data if

you if you're so inclined um and that's why it's so important. People like me that do clinical research for a living, we get drummed into our head bioethics on a regular basis, it's obligatory training, and we have to be retrained all the time so that because there's a long history of physicians doing bad stuff monkey business and the most notable of course in common knowledge is the Tuskegee experiments, but so it happens um there's all kinds of financial incentives to make bad stuff go away and highlight good stuff; makes the sponsor happy um and then you get another contract these are not little contracts you know a modest clinical trial is 20 million dollars. A big one is 100 million or more. Okay, so, these are big money deals you want to keep that money flowing and you want to keep your sponsor happy so that's what's come out with the whistleblower with Pfizer is that the contractor, I think it's here in Texas, that ran a bunch of those clinical trials um appears to have manipulated data in a variety of ways um and and this is done at the level of of checking the data and reconciling the data and deciding which things go into the database and which things don't go into the database and whether or not well if somebody had an adverse event after shot one and then they're dropped because they won't take shot two you know do we drop them out of this overall study analysis that's why there's there's we have all this specific language that we use in ou business the intent to treat cohort the per protocol cohort these are separate analyses they describe these differences and how because it's known that you can manipulate the data in these different ways and it's clear now and basically this was the subject by the way just to bring it back around to our first topic this is the subject of that um presentation that the canadians put out that I put in that twitter post was all the different ways that the Pfizer data was manipulated.

JR: The fact that that is grounds for being removed from Twitter is so astonishing it's it's just it blows my mind that that's the number one platform for distributing information right now and that things like that are happening there cause it is I mean it's essentially a number one that would and Facebook I don't know which one's bigger but for distributing information.

RM: So, um what's recently taken place so so remember looping back I talked about the interconnectedness at the board level between Pfizer and Thompson Reuters

JR: yes

RM: Okay, Thompson Reuters has become the def-, the fact-checker of choice for determining, you know I quote “fact-checker”.

JR: Right.

RM: And we know we so we can go into the Facebook lawsuit that recently um broke that whole story open but Thompson Reuters is tied to Pfizer um they have common corporate ownership and they are the fact-checker of Twitter now they're integrated okay so it's Thompson Reuters is making the decision um which has connections to Pfizer about what information will be allowed to be discussed on Twitter.

JR: That is crazy, that it's so crazy to even hear I and I don't know how we ever pull out of this mess I mean I think we are at a 45-degree downward angle headed into a mountain I really do. It's so strange to me that no one's up in arms about this other than a few people that have been censored, a few people that have these uh opposing viewpoints that are you know deemed to be something that can't be discussed.

RM: Well, it's, Joe, it's even deeper than that okay then there's the hunting of physicians. So I myself you know Peter Mccullough is the textbook example of hunting physicians right the guy is 150, 150,000 in debt right now in the hole in trying to defend his medical license this is one of

the most highly published authors in the world um he's an exceptional researcher you know and and apparently a pretty good podcaster too.
JR: The guys published more in his field than any other physician in history.
RM: And Baylor's trying to take him out and it's not only Baylor it's some entity outside of Baylor that's come in and is financing the attacks on him but just to bring it home in a really not to make it all about me, but to be able to speak in the first person, okay, so I went to Maui with a bunch of physicians a few months ago and we gave talks and did training about early treatments we didn't talk about vaccines. There's only one hospital on Maui, in the island of Maui. It's owned by a, it's basically a Kaiser Permanente satellite, okay, um so we went there we gave that talk that hospital and the hospitalists associated with it are actively involved and have kicked out Kirk Milhoan because he's giving early treatment with the horse drug ivermectin okay now who's Kirk Milhoan you know why is he in this hospital what is he qualified okay he's an MD Ph.D. pediatric cardiologist with his Ph.D. training at UC San Diego in vascular inflammation. He is among the most qualified individuals in the world for managing um COVID and commenting on cardio myocarditis in children and they've kicked him out of the hospital.
JR: Just for prescribing ibm for early treatment.
RM: Okay, he also happens to be a pastor at a local country congregation he runs a food bank his whole life he has traveled to emerging economies to provide free treatment this is the kind of exemplar person that you know we all sh we all should be in in the best of all possible worlds.
JR: and did they give an excuse for this are they saying that his prescription of early treatment promotes vaccine hesitancy like is there anything
RM: He's prescribing um uh enough ineffective drugs and putting people's lives at risk but here's the point I'm not even there yet okay we're just winding up on this one.
JR: Right.
RM: So the other day right before christmas three days before christmas I get a package from my licensing agency which I'm licensed through the state of maryland so the state of maryland medical board sends me a package um and it is a complaint that's been filed against me I have six days to respond, basically, I end up having to respond on christmas day okay or earlier to this attack claiming that I should lose my medical license and the citations are that I didn't actually invent mRNA vaccines the a copy of the atlantic monthly attack article on me um claims that I'm licensed in virginia which I'm not, claims that I didn't graduate from harvard medical school which I did, okay so I have to respond to all this stuff now I'm going through it and and it's just false, false, false, false, all coming and and pulled a bunch of stuff off Twitter and Linkedin and send it in and saying well this is the reason why this guy should lose his license okay because he is responsible for millions of deaths he said it straight out okay I'm responsible for millions of deaths um because of what I've said on social media now who is it that's filing this it turns out it's the director of recruitment and external affairs of this hospital in maui. This guy felt that it was necessary to send this little package of happiness right before Christmas to my licensing board to try to get my license taken away that what we're seeing across the united states and across the world is it's the hospitals and the hospitalists that are attacking outside physicians
JR: do you have any knowledge as to why they're doing this other than speculation
RM: um if I was to follow the money I'm gonna put it that way okay again I can't get into their heads of course I don't know what's making them do this it's crazy okay never been done before

right it's happening you know we've went and and did a presentation in alaska and the same thing was being done for the physicians that came out and spoke about early treatment in alaska and the fortunately the alaska licensing board put out a very terse statement that they don't want to get involved in politics in this kind of uh tit-for-tat and that this is outside of of their role medical licensing boards for this kind of stuff are usually involved in making determinations about somebody's suitability because of drug abuse or sexual activity or other things which are are outside or malpractice overt malpractice okay this kind of political weaponization of medical licensing boards is new now here's the uh here's the the observation that I can make if we follow the money is that hospitals are incentivized to to treat COVID patients the thing that ties all this little part of this story together including the suppression through the government of early treatment hospitals are incentivized financially to treat COVID patients if COVID patients are being treated outside of the hospital and prevented from going to the hospital such as the case in the imperial valley um where brian tyson george fareed have saved thousands and thousands of lives of indigenous latinos that are coming across the border and working the fields I mean they're they're breaking their backs to save the poor amazing story there with early treatments um and I guess they're left alone because they're in the imperial valley nobody cares they're all poor but in these urban environments there's all these incentives for hospitals to treat COVID patients and if people are giving treatments that are keeping those people out of the hospitals then they're not getting that revenue

JR: so your speculation if I just could unpack this that doctor in Maui who was giving early treatment you re you think that the reason why he was targeted because he was directly costing the hospital money because people weren't going in

RM: I'm not saying I I'm saying that the observation is that early treatment keeps people out of the hospital and that hospitals have financial incentives including death incentives Rogan: to discourage early treatment

RM: and the in the other data point is these that are doing the attacking are almost universally hospital administrators and hospitalists

JR: so these aren't physicians these aren't

RM: by hospitalists I mean hospital-based physicians

JR: okay what does that mean then what why are they doing it because they're part of that system of that hospital system the administrators they would be doing

RM: that because they're making but they're making so again I don't want to make accusations right I'm observing facts

JR: Right um I want to bring this back to something we were talking about earlier but we kind of moved past it we were talking about the one in a thousand statistics.

RM: Right, so a recent paper out of Hong Kong comprehensive analysis cardio uh myocarditis in boys hospitalized okay that makes sense that's…

JR: Yes.

RM: that's word string so that's the data analysis so that's saying the myocarditis was so bad after vaccination and these are all verified post vaccination the myocarditis was so bad that you went to the hospital incidence rate is 1 in 2 700. now the there's all kinds of hand waving that oh myocarditis is mild and they recover from it, okay those statements aren't let's say gently based in fact the historic incidence of death post myocarditis about 27% now the assertion is well this

is a different kind of myocarditis and therefore it's not going to kill these kids or young adults okay but that's being said in the absence of data it's pure speculation.
JR: right and why are they doing that because they keep saying that the the the instances of myocarditis are mild I keep hearing that it's mild myocarditis and that it eventually goes away but not citing any studies and i don't think there are any long-term studies of children that are vaccinated
RM: no, there can't be
JR: there can't be right
RM: by definition
JR: right right
RM: because we haven't done what we have always done okay so let me say this person ask me Robert you're the inventor of this tech you're a vaccinologist why are you speaking out this was the whole topic of the Atlantic monthly attack article you know why is this person become a vaccine skeptic the uh the did they talk to you extensively and the three days before this thing came out the journalist who's it's a fascinating young man he previously publishes basically on woke issues in the chronicle of higher education this is his first big article okay he was clearly hired and they explicitly say the article was funded by the Robert wood johnson foundation the Zuckerberg chan initiative, okay? Robert wood johnson is the major shareholder in JNJ and Zuckerberg chan of course is Facebook, okay? so Facebook and Zuckerberg chan have funded this attack article by this guy that normally writes about wokeness in the journal of higher education um and he was totally obsessed over this question: Robert, why are you saying these things you must have some financial incentive there must be some reason why you're doing this
JR: did you meet with this man in person
RM: no just over the phone okay and i told him repeatedly because it's the right thing to do. I get this you know this consternation, but see the thing is I think I'm maybe the only one that has been involved deeply in the development of this tech that doesn't have a financial stake in it so for me the reason is that what's happening is not right. It's destroying my profession, it's destroying the practice of medicine worldwide it's destroying public health in medicine I'm a vaccinologist I've spent 30 years developing vaccine a stupid amount of education learning how to do it and what the rules are and for me I'm personally offended by watching my discipline get destroyed for no good reason at all except apparently financial incentives and I don't know political ass covering
RM: now uh back to this number because we keep going past it and going off on tangents the the number that keeps getting cited is one in a thousand people have adverse events and including myocarditis um if myocarditis that requires hospitalization it's one in 2700
RM: In boys.
JR: in boys but there's also issues of people that have something like fatigue that has last vaccination but I mean there's a lot of those there's a huge number of dysmenorrhea and metametroraja
JR: what are those?
RM: this is alterations in menses in women
JR: oh right there's that's a huge issue
RM: there's and they deny it

JR:: With menses we menstrual cycles um women going to menopause very young like I know a girl who's 36 who got the vaccine hasn't had her period in eight months.
RM: and then there are the women who are post-menopausal that suddenly start bleeding.
JR: yeah
RM; so here's the thing about this Joe that kind of ties this together I'm I'm in the business it's basically the part of what I do is like a detective um figuring out because I'm trained in pathology why is this happening what are the things that connect these things okay so what is it that drives menstruation the answer is the ovary the ovary is the controller okay through hormones and ovulation okay what did we learn early on from the pfizer data package which by the way when that was disclosed by byron bridle from japan and sent to me was the first thing that really lit me up and let me know that something here was rotten okay and when I got that I picked out as byron had done I was given the task of independently evaluating it and then I took that package and I gave it to a more senior regulatory professional that I respect and I said these are the things I see this looks really bad he looked at it and he said oh you missed this thing that the other thing okay these these missing things include reproductive toxicology evaluations of teratogenicity birth defects standard stuff that's always done genotoxicity not done what was done was a cobbled together group of data that didn't even involve the vaccine and used other mrnas in non-glp that's fancy talk for not done with rigor studies not done according to the rules all cobbled together and sent in to the regulatory agencies of the world to justify going ahead and giving jabs to everybody under emergency use authorization that's the truth of it that's the short version that's you know using common language one of the studies they did do was administer these lipid RNA complexes to rodents and showed the distribution of the synthetic lipid component that's the fats that package the rna that let it slip into your cells it's a it's a synthetic chemical positively charged molecule it's a fat with a charge on the end it goes to the ovary at a very high rate like 11% of the lipids now this wasn't supposed to happen it was supposed to stay in the arm where it got jabbed but it doesn't it goes all over the body and one it goes to two places that are really kind of anomalous bone marrow and ovaries now the overarching signal is really clear because it doesn't happen in testes now so now you got a molecule synthetic molecule going to an organ the ovary that controls menstruation in a non-clinical model um rodent and subsequently it's deployed widely in humans and you have this phenomena of alteration in menstrual cycle. Now one of the things that was fascinating I was asked to testify to the hasidic jew rabbinical court in new york a lot of interesting things happen with that it's like sitting around with 15 different gandalfs um one of those bucket list things I guess uh I'm talking to him it turns out that the rabbis in the hasidic jew community carefully monitor we don't need to go into how the menstrual cycle of the fertile women in their um congregations closely monitor it because there is strict um guidance about cleanliness and intercourse and they had a major problem because they these these you know these are all 60 plus up to 80 long beards right here that had exquisite understanding about the menstrual cycle in all the women in their congregations and they all knew that these menstrual cycles were being disrupted all the time and for them this was a major crisis because it meant that if you're if you're in the hasidic community increasing the size of the population of hasidic jews is kind of important to you um it's centrally important to them and this was a major threat to reproductive health in their communities now they they took all this testimony they thought about it and they came out with a clear statement that children should not be vaccinated this this has the power of

law in this community should not be vaccinated in adults it's strongly discouraged and part of the reason is because of these alterations in reproduction um and again the point what's the common variable is the ovary this is why I say in my little statement that's gone all over the world this little four-minute clip that's kind of gone viral and triggered governments to attack me now like israel and spain and italy um in the same systematic pattern of you know um uh trying to demean me and delegitimize me but um that's why I say in that that that think twice about giving these jabs to your kids among other things your your girls are born with all the eggs they will ever have and these lipids are going to the ovaries and they appear to be affecting menstruation in some way but menstruation is just one of these adverse events you picked out some of the other ones the fatigue brain fog all kinds of things

JR: and to be fair people get that from COVID as well

RM: true absolutely true and that's another fascinating variable is we have Covid we have mRNA genetic vaccines and we have DNA virus administered genetic vaccines that's the JnJ here in the United States adenovirus, okay and they all have these symptoms of clotting, brain fog and other things okay and so as you know this is basically does it walk like a duck and quack like a duck what is the common variable between those three very different systems natural viral infection mRNA genetic vaccines and DNA genetic vaccines now we don't see these problems by the way adenoviral vectored vaccines have been in development for my entire life 30 years they're licensed adenoviral vector vaccines they don't have these problems, okay so it's something that's not intrinsic to the platform what is it the common variable is spike just to cut to the chase.

JR: Spike protein.

RM: Yeah.

JR: And so the spike protein is probably causing all these problems with people who have caught Covid and also people who are getting the vaccine but then the lipo- what is it lipo nano Particles?

RM: That's fine, that's a good term.

JR: How do you say it?

RM: I call them lipoplexes um lipid nanoparticles is another.

JR: Nanoparticles so these are the ones that are affecting the ovaries?

RM: No it's the lipid part of it in particular that goes to the ovaries not the RNA

JR: And that aspect of it is not affecting men but with men you have a higher instance of myocarditis and why is that?

RM: Good question what is driving the myocarditis so there's a couple there are a variety of hypotheses about this what we do know is that both the virus and these vaccines are associated with here's another fancy medical term microcoagulation or micro coagulopathy the latter one being a disease of microcoagulation small blood clots there are multiple ways in which that can happen it's clear that spike is associated with a variety of mechanisms that cause the trigger coagulation including an autoimmune one, okay so there's something about this protein spike is whether it's in the vaccine or not it binds to the surface of key cells through a key regulatory protein called ACE2. ACE2 is involved in controlling blood pressure vessel blood vessel tone all kinds of stuff. If you activate ACE2 on the little tiny smooth muscle cells that wrap around your capillaries that control your vascular tone, that's your blood pressure locally okay. The ability of blood to go through those tubes okay that's controlled basically you've got these little muscles

cells cellular muscles um that control the contraction it's kind of like peristalsis- if you know what that is that the kind of process that can move uh something down a tube like in our gut- um you know the way we move food and waste material through our gut and eventually excrete it. That's
peristalsis the thing that brings it down through our esophagus. Same thing happens with your blood vessels and when ace2 fires off when it gets activated it causes contraction of parasites and blocks these micro vessels and if you get stagnant blood in blood vessels it clots like that that's what it does. Okay, it's a normal homeostatic mechanisms so there's that there's the whole cast so there's there's the effects on the local tissue and there is direct effects triggering coagulation through a number of pathways. Now what can cause myocarditis pericarditis a number of things; autoimmune processes which we also know are involved in some of the coagulation problems and this kind of process of clamping down on blood vessels um which we know is happening.

JR: And the autoimmune response is this also in response to spike protein like what is causing the autoimmune response in people?

RM: It's observed that it is happening and it's happening with these um uh RNA vaccines um it's happening with the adenoviral vectored vaccines. I don't know, I don't recall literature that it's happening with the virus itself but it may very well be.

JR: I know uh quite a few people that have had viral outbreaks post uh like things like shingles, herpes outbreaks.

RM: That's another one okay so now you're opening the puck, the compartment. Before we were talking about cardiac and blood vessels. And we talked a little bit about the brain we didn't talk about the strokes we talked about the brain fog and it's known that spike will open the blood-brain barrier is this kind of concept it's a little loose but it has to do with the structure of the cells that line the blood vessels in your brain and what it allows to go through and doesn't go through. Spike causes that to become more like an open sieve- so things can go into your brain that shouldn't go into your brain. So that can trigger brain inflammation and that is one of the that is the risk that people like Luc Montagnier are concerned about with neurofibrillary tangles and that's why they talk about prions or Alzheimer's-like symptoms. That's part of what happens when brain gets inflammation because it's got stuff going on in there that's not supposed to have.

JR: Hence the brain fog.

RM: The brain fog could be due to microvascular blockade. It could be due to this clamping of blood vessels that I was talking about. It could be due to leaky blood vessels- that's the blood-brain barrier breaching. Hard to say multifactorial all we know is that it's happening.

JR: And that's also something that's happening to people with COVID as well.

RM: Correct. I've experienced it myself okay when I had when I wasn't sick um and not only brain fog. Um, you can remember uh the broadcaster Cuomo, when he had COVID he was talking about seeing hallucinations. Um that is that is a common consequence of primary COVID infection is not just brain fog but overt hallucinations.

JR: Now after the vaccines started to be administered it was a couple of months later I believe that the Salk Institute published their paper on spike proteins.

RM: Right and I cited that in the Brett Weinstein Dark Horse Podcast and um was immediately attacked by Reuters uh for uh spreading disinformation because I was speaking that the spike

protein was a toxin. And there's actually that's one of many papers that have come out since then or before and I didn't say the spike protein on the vaccine- I said the spike protein. And Reuters basically took my words twisted them and then attacked me about it.
JR: Is the spike protein in the vaccine different than the spike protein in the virus?
RM: The answer is yes um in a way that matters is the question. Um so the difference is now we're going to get into molecular virology- I'm sorry but you asked the question- um so spike kind of you can think of it as having a stem part and a head group you could point to your time and then and then yeah right just these things sticking out here but but I wanted to illustrate that it also has this little it's like a catcher's glove that sits on top that is the receptor binding domain okay so it's got these these elements that are really important to understand it. And this, this part of the spike protein that is kind of straight and thin the stock is responsible for the business part of what spike does. Spike causes fusion between the virus and the cell it's what enables the virus to infect the cell and it's a complex set of events and it changes its structure as it goes through those it's fascinating stuff if you're into this. Okay um you can lock it into the pre-fusion conformation you can make it so that it will not trigger cell fusion after binding with two little tiny mutations substituting proline in the s2 domain and that'll make it so that it can never trigger fusion which is one of the things that it can do to bake toxicity. That has nothing to do with whether or not it can bind two up here whether or not that catcher's mitt will grab on to ACE2 by the way spike exists as a trimer- like a treble hook you know on a fishing lure- so so these two mutations are in this um s2 domain that's kind of the stem and it makes it so that it can't fuse. And that's what's in the vaccine but the rest of the spike is the natural spike and yes it does get cut off and it does go in the circulation that's all been proven and so what matters about that is all the things I've been talking about about spike interacting with ACE2 and turning on ACE2 that can all still happen none of that's changed. Now one of the attacks that's made against my staying this is oh no they engineered spike so that it's non-toxic okay that fails two tests. Number one at the time they did this engineering I've carefully reviewed the papers okay it's all about making it more immunogenic there is nothing in there about making it less toxic okay. And by definition it will make it less toxic as a fusing fusion protein but it won't do anything about it the other parts of of spike in its activities. Then then there is this fundamental logic flaw, in in clinical development and non-clinical development and safety and pharmacology I like to say the French judicial system applies. What that is is you're guilty until proven innocent. It's the job of the pharmaceutical companies to prove that their engineered spike is safe. They never did that. And so all of this pressure that comes back you know from folks like me saying hey this isn't right okay- and it looks like a duck and it walks like a duck and it quacks like a duck it's probably toxic. Because it's the common variable I get criticized because oh well you know well prove that it's not safe I'm sorry that's not the way it works. It's pharma's job to prove that it is safe, not my job to prove that it's not safe. I'm observing the safety signal is there. It is associated with vectors that express spike whether it's the vaccine the virus or the adenovirus you know the MRNA the virus itself or the adenoviral vectored spike. Those toxicities are there and the common variable is the spike protein. And the comment well it's not a toxin- I'm kind of in the Forrest Gump school of toxicity. You know if it causes toxicity it is right um uh it is a toxin by definition it is you know toxin is as a toxin does and um uh you know we can argue about the meaning of toxin just like so much of the rest of our language has been perverted during this but the simple explanation you know the simple definition is does it cause toxicity in people I think

the answer is pretty clear now it does. The question that we're all arguing about is how often and how bad.
JR: This is the question so why do so many people take the vaccine and have no adverse effect at all?
RM: Great question and that is a normal situation in any drug. We talk about bell curves- there's a response curve. Humans are genetically complex and they're phenotypically complex. I am not a jiu jitsu champion. I am not the same body mass index as I was when I was 25. It seems that um the common factor across many people that get both the vaccine adverse events and the disease- and by the way there's a great paper out that tried to dissect long COVID and differentiate it from post-vaccination syndrome which is what we're talking about- and they did statistical analysis large cohort of patients basically they're indistinguishable long COVID and post-vaccination syndrome in terms of the spectrum of the syndrome their incidence that kind of stuff they're indistinguishable. They're the same thing. So why? One of the factors that seems to be common is this kind of hyperglycemic index people that are not necessarily diabetic but they may be pre-diabetic or they have problems with carbohydrate metabolism or they're eating too many sugars or whatever the thing is so they've got elevated hemoglobin h1c etc. People that have high glycemic index indices seem to be particularly susceptible to these effects now that is a syndrome associated with an inflammatory state in blood vessels. So you know this what you're asking again and again um because you are who you are is in plain language the big you know picture issues that are sitting out there that haven't been adequately addressed.
JR: Not only haven't been adequately addressed but when you do address them you get demonized even if you're just asking questions as far as like what are the numbers? What is the data? Where can I see this data?
RM: If you're an academic you get run out. Now we've talked I don't want to avoid you talked about some of the other adverse events and you started talking about um the ones that relate to immune response. And um that is the the tip of the iceberg that most people are familiar with is the common- CDC never talks about it - but it's clearly there in the literature you know in places even new england journal of medicine it's clearly there in the VAERS database is latent virus reactivation and the most obvious one is shingles. I mean if you get shingles- I've had shingles- it hurts you you don't you don't miss it when you get it. But Epstein-Barr virus, other herpes viruses, cytomegalovirus, what are these all in common they're latent DNA viruses. So what latent DNA viruses well we have a bunch of DNA viruses that basically hide inside our body and they are kept suppressed. Matter of fact there's a whole um thread in vaccinology we talk about immunosenescence the aging of the immune system part of that has to do with the
Thymus and it's shrinking that's what educates t cells- by the way that's one of the reasons why children basically shrug this disease off- is they haven't had that thymic involution but one of the things that happens is your t cells become increasingly focused on suppressing the DNA viruses that we've all been parasitized by um like cytomegalovirus. And so you can watch over time the the diversity of t cells in person's body who's infected by CMV over time as they get older and older their t cells get more and more and more focused on just trying to keep cmv in the box and not let it out okay. So when we see DNA viruses you know pandora's box is opening and they're
jumping out of there- okay well the thing that keeps pandora's box closed is t cell responses. And then we have you know I hope someday you get a chance to have Ryan Cole on-

pathologist deep understanding of this- um as he points out he's seeing referrals from oncologists of cancers that are unusual. They're occurring early they're behaving irregularly they're behaving very aggressively. Now right now this is still anecdotal I don't want to get the audience all wound up we're all going to die of cancer. No. Dr. Malone is not saying we're all going to die of cancer. But um this is another of those little uhohs because the thing that keeps cancer suppressed is t cells. Then we have the laboratory data that um we're seeing abnormalities in the key signaling molecules that t that t cells use to talk to each other toll-like receptors that are associated in particularly with the MRNA vaccines so something is happening okay that is causing release of t cell suppression, reactivation of latent DNA viruses, maybe some signals relating to oncology, um some changes in t cell signaling behavior. And then there's this this increasing awareness that there's some window of time not sure how long after vaccination when you're actually more susceptible to infection. And this may have something to do so not only is the vaccine efficacy waning but the multiple jab strategy is actually creating more and more windows where people have this period of t-cell suppression. So there's a whole lot in this box of immunology and what are the jabs doing to our immune system and how long does it last that is let's say gently a little worrisome to some of us that have a background in these things.

JR: This T cell suppression are there any studies on the amount of time that it takes before your system rebalances itself post jab and is it a cumulative like if you're dealing with three shots or four shots?

RM: That's this is this is the I'm sorry this is the obscenity for me of this whole well we're going to give four shots uh because we don't really know but we know we need to do something. I like to talk about the metaphor as a father- I don't know if you've had kids I'm a grandfather okay. Um you give a three-year-old a hammer and everything becomes a nail. Okay that's that's kind of a simple way of saying people that aren't well trained given a powerful technology or tool will abuse it and overuse it. In this case there's multiple reasons not to do the multiple jabs. The simplest one for everybody to understand is when your son develops seasonal allergies to ragweed pollen or whatever and it's so bad that he can't go to school his eyes are running he can't play in sports whatever you're like oh we got to do something about this I'm going to take him to a rheumatologist an allergist and see what they can do. Well they do a bunch of tests and they say oh your son is allergic to ragweed pollen or whatever the thing is okay. What do they do well they give him shots- what are those shots? They're high doses of antigen that are administered repeatedly to your child and what it does is induces something that as immunologists we call high zone tolerance. High zone tolerance basically amounts to an ability by giving multiple injections at high levels of antigen to shut down t cells against in an antigen specific fashion so there's that. The other thing with the multiple jabs is that these are multiple jabs that are mismatched. Okay they don't fit.

JR: Can I pause for a second before you continue so you're saying that by if like if someone is allergic to things and they go to an allergist and they start getting shots- those shots shut down t-cell response?

RM: Correct.

JR: So those shots by doing so and shutting down t-cell response the idea is that it kicks your immune system in and it's supposed to fight off these things?

RM: No.

JR: Does it make you more vulnerable to other diseases?
RM: Because they're using that antigen okay the ragweed pollen right- it's causing deletion or down regulation of the t memory population responsible for responding to ragweed pollen. So what it's doing is selectively shutting down the t response against that antigen.
JR: But what about everything else?
RM: No- I won't say it won't affect it but it the effect on the overall immune response is negligible in that this is done clinically routinely. So there's there's those two things there's this short term issue we don't know how long it lasts. There's the um high zone tolerance issue, and then there is with the multiple jabs that are mismatched for the current circulating virus. That's akin to repeatedly taking a flu vaccine from two seasons ago and hoping it's going to protect against this flu.
JR: Well that's one of the more confusing things about this push for people to get boosted now with Omicron because they keep saying with Omicron we need to get but that's a vaccine escape variant isn't it?
RM: Yeah um among other things. Do you want to open that can of Omicron?
JR: Well I want us what we know so far is uh at least Peter Mccullough said this and I believe several other people have said this as well that the immunity that you may have had to the Alpha variant or the Delta variant it does not seem to work very well against Omicron.
RM: That's true.
JR: Nor does the immunity imparted by vaccines.
RM: By the way since we were down this little rabbit hole let me just say one thing: Peter called me he said “Robert make sure you talk to Joe and make it clear that although I spoke clearly and forcefully about one and done when I was on his show that was before Omicron.”
JR: Yeah.
RM: And so Peter wanted me to make sure that your audience knew.
JR: Yes we've actually talked about that because I have several friends right now that have tested positive for Covid for a second time and that is post that podcast with him. He was pretty sure that if you got Delta you would never get it again but I know people that have had not I honestly I don't know anybody who had Delta which was the last phase I know people had the original version of Covid who have now gotten Omicron.
RM: In my case I had the original Wuhan strain and I got infected with Delta and I had disease for about three days and that's after taking the two jabs.
JR: And then how far after taking the two jabs was it?
RM: About four months.
JR: Four months?
RM: Yeah four or five months.
JR: So that's still inside the window of efficacy?
RM: Uh that window of efficacy seems to keep shrinking- that's another thing.
JR: Oh that is another thing. When you were vaccinated post your infection how long after your infection were you vaccinated?
RM: Nine months.
JR: But you still had a horrible reaction to it?
RM: Totally.

JR: And then even that- this is pure speculation. The waning efficacy of the vaccine- does that have an effect on your natural immunity that you have?
RM: So you're now opening up the big can of whoop ass.
JR: Is that the ADE?
RM: ADE- so that's a whole other rabbit hole and I like to call it vaccine-enhanced infection or disease because ADE is just one subset of that. But there are signs in some data and we were we were talking about this just before the broadcast from Denmark among other places of negative efficacy against Omicron as a function of the number of vaccinations up to three. So um negative efficacy- positive efficacy means it protects you- negative efficacy means your probability of being infected is higher if you've taken the vaccine and it's compared to unvaccinated it seems to be somewhat higher um if you've had one jab. Even worse even more likely to get infected if you've had two jabs, even more likely to get infected if you had three jabs now don't jump straight to ADE because the problem just to illustrate this confounding variable problem which is what all the statisticians argue about endlessly. Um is that there's all kinds of things that can complicate this interpretation. I'm going to give you the simple one if somebody feels that they're fully vaxxed and they're living you know their young person in Denmark or whatever in Europe okay they're more likely to go engage in risky behaviors, such as maybe they're gonna go out clubbing whereas before they may have said no I'm not gonna go out clubbing you crazy. Now they feel like they're Superman they've got a shield right and so they engage in more risky behaviors and so there's an example of a confounding variable one of many. So I want to caution that I'm not saying that this shows that we're having vaccine-enhanced infection I'm saying that this is a risk which the FDA knew about explicitly identified, told the vaccine manufacturers they should set up studies to detect whether or not it's happening. But didn't force them to do it. This is another one of the huge FDA fails here they had the right and responsibility to ensure that we had good data about this and they took a pass. They said vaccine manufacture we think you should do this but you know it's optional and so they never did it. No surprise. That's like first rule of clinical development when you're in big pharma you never ask a question that you don't want to know the answer to. Unless you're absolutely forced to do it. That's why the FDA is supposed to do its job but in this case with enhanced disease a known risk of all prior coronavirus vaccine development efforts including veterinary um chronic complication with those efforts the reason why I focused on drug repurposing instead of vaccine development at the start of the outbreak when I got the call from Michael Callahan I said hmm past history ADE this is going to take a long time we're going to need drugs best way we can get drugs is drug repurposing. Yay, and then I got my team to focus on that. That's why we did that. Um so FDA's known that this is a risk all the vaccinologists know it's a risk it's in the literature we've all been kind of watching carefully I have is this risk going to manifest.
JR: Can I pause you for a second? When you're saying statistically it seems that one jab makes you more likely to get Omicron than unvaccinated. Two jabs even more so. Three jobs more so- where is this data coming from?
RM: It's a series of analyses there's a a really active group of biostatisticians worldwide and are you now that are picking apart the primary data that's coming out. There was a paper that was published from the Netherlands as I recall that had or or it was a publication from official publication by the government that had the primary data and then this primary data has been

analyzed re-analyzed discussed on Sub-stack blah blah blah torn apart and re-built. Now we put out a Sub-stack statement that summarizes some of this that you can easily find from us but it's an ongoing debate but the the effect size is now now what the statisticians are arguing about is well whether or not they had the right number for the denominator of total cases. This gets back to my point that the databases are all contaminated because the incidence of the virus in the population is a function of testing. Um, in other words you don't look for it you don't see it then you assume you're not having it right and in the Netherlands they have one of the best testing systems so they have rigorously testing everybody for whether or not they're getting the virus. And so those numbers are a little you know sketchy and that's what everybody's arguing about is is should we be looking at only the 12 and above cohort you know it's all this is. But the effect size is so large that it's we can we can argue about these confounding variables until the cows come home but it's a big effect. Um it's going to be hard to account for otherwise it is not in peer-reviewed publications. This kind of stuff is wicked hard to publish these days and it takes months.

JR: So would the assumption be that there's something that's happening to people that are vaccinated where it makes them more susceptible to this particular strain of Covid because this particular strain of Covid, this Omicron, is a vaccine escape variant meaning that it's sort of tried to find its way around the protection of the vaccine and selected for that?

RM: So now you're trying to um impose- what you're doing is generating a hypothesis- which is good and one of many possible hypotheses and so in a world a proper world where we are allowed to debate these things and do these kinds of studies and examine these kinds of variables without being right in social media um we would have a very active discussion about this hypothesis and many others now that's my my way of not answering your question.

JR: I understand well is there a mechanism that would point to one of two things whether it is a decrease in an immune response of a person who's been vaccinated or some opportunity…

RM: So let me throw out so you just hit let me go down the rabbit hole of that first comment you made okay. So what we're doing is with with administering a mismatched vaccine is we're driving the effector and memory cells, b and t, towards a population that is focused on a virus that no longer exists. So it's not in in immune response you don't get everything um and with what I think you know you didn't ask me the question but I'm going to answer it anyhow what is your hypothesis for the poor durability of the vaccines. My answer is it looks to me like original anagenic sin. Well that's kind of a cool terminology what that means- let's unpack original anagenic sin. I think what could be happening with these data as you're just following your hypothesis you just shared consistent with that is that we're driving the immune response towards responding to an antigen receptor binding domain a spike that no longer exists with Omicron. Um now it it has become clear it was initially denied but it's become clear that all of us have a background immune response against Beta coronaviruses these are naturally circulating cold coronaviruses that have significant immunologic crossreactivity with SARS-CoV-2. And the problem with that in original anagenic sin is that those existing memory cells will dominate the immune response when you get infected and when you get vaccinated. Let me unpack that in a way that kind of makes sense for the common person. We all know that in war the homily is we're always best prepared for the last war. Okay in your life your the sum of your prior life experiences biases how you respond to- I mean in in your martial arts you must know this right deeply um- what you've experienced in the past in prior fights is gonna um bias how you

respond to a new opponent okay. Same happens with your immune system. Does that make sense?
JR: Yes.
RM: Okay super. You now understand original antigenic sin. Okay because the prior exposure of your immune system to an antigen that is closely related to a new antigen. You know if you are are having martial art um competition with us a person of a certain ethnic background or physical um characteristics or whatever and they have certain strategies that they use, the next time you encounter somebody that looks like that and seems to move like that you're going to say oh they're going to use the same kind of strategies. Your immune system acts the same way with viruses. And it could be that they've they've got a whole different toolkit and you're busy fighting this war and they come in and boom you're dead. Right um same kind of thing. Okay so we've got a new pathogen but it's got a series of of overlaps with the old ones that we've seen before and our immune system is biased to respond as if it's the old one. Now to make matters worse we're taking the spike protein only one of the proteins the dominant immunologically dominant protein and we're jabbing everybody multiple times, and driving memory cells and effector cells that are to a virus that is not the one we're encountering. So it could very well be that as you're taking more jabs you're further skewing your immune response in a way that's dysfunctional for infection to Omicron compared to somebody that is immunologically naive they only have- presumably- they've either recovered from an earlier because we got to remember the baseline group the non-vaccinated group is actually complicated because it's got those that haven't had the virus before but they've had Beta coronaviruses and those that have had prior infection and are naturally immune. So you can appreciate that looking at these things kind of get squirrely there's a lot of moving parts. But when you see a signal this strong it's saying something's going on you ought to pay attention to it in my opinion.
JR: What is the difference between the spike protein that's generated from the injection of the vaccine versus all of the variables that your body encounters when it's been infected by Covid?
RM: That is another brilliant question I'm not saying this to butter you up and thank you for asking.That's a it was a very broad question and um this is a peel the onions onion layers um situation I mean you said what are the differences so let's start at a high level. When you get infected or I get infected it's typically nasal or oral pharynx. It's coming in through the mucosal membranes of your head okay and by the way that's one of the other things that's kind of cool about Omicron in a good way, is that the prior strains infect mostly deep lung and there's really fascinating data from Hong Kong suggesting that Omicron is infecting upper airway more. That is a characteristic of less pathogenic influenza viruses and hopefully what we know about Omicron is even though it's more infectious and replicates the higher levels it's less pathogenic. It's a paradox well that could explain it okay so there may be some good news in Omicron. But getting back to your question when you take the jab you get a I don't know how say a spike of spike, you get a bolus a peak fairly rapidly of this viral protein and it's in your body, and it's circulating in your blood. We know that. There's a Harvard study, Brigham and Women's nurses, spike protein circulation after vaccination.
JR: Can I pause you one one second? When you test for Covid you go in through the nose. If someone is getting Omicron are they less likely to test positive because you're swabbing their nose?
RM: More. All of these are initially coming in here.

JR: So it still would exist in the nose even though it's affecting the back of the throat.
RM: It seems to be well it's it's clearly producing equal or higher levels. Delta was significantly higher in the nose by PCR with all of the caveats about the problems with that cycle number, and um Omicron seems to be even higher significantly higher. Okay so hits your nose and then it goes down okay.
JR: Okay and it's affecting the throat for some reason. A lot of the people that I know that got Omicron had a throat ache a throat a soreness of the throat before.
RM: That is paradoxically really good news by the way- it's called primary data anecdotal primary data- but it beats modeling data from the CDC which is what the New York Times has been reporting that we're all have by this point we're all supposed to have 70 or 80 percent of all the virus in the United States is supposed to be Omicron that is based on what is now known to be erroneous modeling and all of us that were inside when we saw this come out we knew the group in the UK that did the modeling and we were like oh these guys have over promised they have basically put out scare modeling all the way through this outbreak and we should take this with a grain of salt and now the press is all backpedaling and the CDC is backpedaling saying oh I think we got it wrong um and there's still a lot of Delta in the population. But you know your buddies if it's circulating here in in Austin and you're hearing people that are having more of the sore throat and runny nose and less of the my chest is burning, and I've lost taste and smell just to kind of open that up a little with H1N1 influenza just to take one example we have high pathogenicity and low pathogenicity versions of H1N1 what that means is some of them will kill you and some of them won't. Um more or less. The difference seems to be the virus the receptor the nuances of the receptor that the virus is hitting and using to initially infect cells and the the low pathogenicity H1N1s infect the upper airway and the high pathogenicity H1N1 is infected deep lung. The prior SARS-CoV-1 have been hit in deep lung so this report that you're giving me from your buddies that you think is probably Omicron is consistent with the Hong Kong data and it all fits into a box and we know from South Africa for sure that Omicron and where you know the WHO made the statement there are no known deaths associated with Omicron in the world now there may be a couple somewhere.
JR: I thought it was just the United States I didn't know they were saying for the world yeah because there was a we we just read something that said there were several that were associated.
RM: Now there's there's as I said over time there will be deaths associated remember we talked about the difference between causal and association.
JR: Yeah okay and also the fact that 95 of the people who have died from COVID had an average of four comorbidities.
RM: You're on it, and and now it's been documented at least two cases when they were reported deaths from Omicron and people actually went back they got picked up in the legacy media and circulated as oh my God it's going to kill us again more fear porn then people went again like they did with the ivermectin story remember about the hospital it was all full of ivermectin toxicity and then someone bothered to call the hospital- same story sorry nope those weren't Omicron deaths. Just something that got reported and amplified in the legacy media. So regardless the mortality of Omicron is remarkably low I think we can all agree on that.
JR: It's essentially like a cold.

RM: That's the list of symptoms from Omicron published in Nature I think recently are pretty much 100 percent overlap with common cold.
JR: And there are coronaviruses that are common colds?
RM: That's the Beta coronaviruses that I was talking about when I was talking about original antigenic sin.
JR: So if you test positive for the common cold do you test positive for a coronavirus like if you take a Covid test…
RM: The common cold is a generally
JR: That's not common?
RM: Um no it's it's a it's a grab bag of stuff right okay it's rhinoviruses it's coronaviruses it's influenza you know it's a lot of things um there's a lot of respiratory viruses that are floating around. But getting back on on track with Omicron it is absolutely looking like Omicron is a mild variant. It is absolutely um able to escape uh prior vaccination the control of prior vaccination typically with mismatched vaccine. Um it seems to be also able to infect a subset of people that are naturally immune probably less than the subset that get infected with um vaccination. But and this is a kind of a key message to your audience- the reproductive coefficient that's more fancy language- um the reproductive coefficient but many of your audience is going to know that that's the R naught. The R naught of the original Wuhan strain was about two to three that means that if I'm infected on average without any other interventions i'll infect two to three other people okay, and for Delta the R naught was more in the range of five to six. If I'm infected no vaccination no social distancing no masking blah blah blah the average rate of transmission would be I would infect five or six people. In the case of Omicron the R naught the base reproduction coefficient is the range of seven to ten, okay that is wicked high. That is measles territory. What that means I'm going to translate that into simple language- we are all going to get infected. Whether you use masks or not use social distancing or not unless you're going to go live on your trail and not talk to anybody when you pass them you're going to get infected. So this gets to the key point you know find a doc that'll administer early treatments um and you know what they are and you just had the expert on Peter McCollough.
JR: It's incredibly difficult to get the stuff now that's what's incredible.
RM: And then as if that isn't bad enough we've got the Federal government monkeying around with availability of the um monoclonal antibodies.
JR: That was the next thing I was going to ask you about why would they do that when what is the percentage of Delta versus Omicron out there and how do we know?
RM: So here that's I just alluded to that a minute ago and this is another fascinating story and it's kind of being covered up it's starting to be covered by the press but they're not going back to the cause. Okay remember I said that there was a group in the UK Imperial College didn't give the specifics before there's a group in the UK that does modeling and they came out with some modeling projections that basically the entire UK hospital system was going to be inundated with uh um Omicron shortly basically Christmas time. And a lot of us looked at that and went yeah those are the same guys that have predicted that we're going to have you know millions and millions and millions of dead and and they're going to be bodies stacked up and you know coolers in the UK. Um and uh it sure looks like they may have overshot again. The CDC seems to have taken those modeling projections and those models and they put out you remember in mid-December right before Christmas, Merry Christmas, oh you're all going to get infected by

Covid and and it's going to sweep through and we're going to have 80 percent of Covid by this time of this month.
JR: Well how about that ridiculous press release from the White House that said we're the winter of the unvaccinated death you're gonna experience a winter of death and overwhelming hospitalizations.
RM: All I can say is that the political genius behind that should be taken out in the behind in the woodshed and given a good whooping um because that was just horrible political messaging.
JR: Horrible and in the terms in terms of Omicron so inaccurate.
RM: Yeah um but it doesn't matter and that's that's that's the core thing of of this chronic angst of of what the heck is going on this doesn't make any sense at all um, you know I don't want to get too off your topic, but um our government is out of control on this and they are lawless. They completely disregard bioethics. They completely disregard the Federal common rule. They have broken all the rules that I know of that I've been trained on for years and years and years. These mandates of an experimental vaccine are explicitly illegal. They are explicitly inconsistent with the Nuremberg Code. They're explicitly inconsistent with the Belmont Report. They are flat out illegal and they don't care. And the only thing standing between us and it's too late for many of our colleagues including my you know the unfortunate colleagues in the DoD um hopefully we're going to be able to stop them before they take our kids.
JR: What's wrong with the DoD?
RM: The mandated vaccines for everyone in the DoD. So uh you know what's going on in the White House is a whole another hour's talk.
JR: Yeah I'm sure it is. Back to Omicron and Delta, how do we know? When I was tested and I came out positive for COVID I have no idea what I got I assume it was Delta because that's what Ii'd heard was going around, but when they release these numbers where are they getting that data from?
RM: So in terms of this specific one I'm sorry I got off track, so I was talking about Imperial College modeling then the CDC seemed to picked up on that yeah and the last data they had it's actually um Peter that sent me the data we did a podcast about it um so he sent me the the modeling data and and he sent me um the documentation that the modeling data that the CDC was putting out in the New York Times and the press and all amplified you know when we all said oh we're going to have 70 or 80 percent uh Omicron in the population by this time of this year, um the only actual data they had was up to about December 4th as I recall, and it showed only a tiny fraction of omicron in the population but then they applied their mathematical models that they apparently got from Imperial College and they said oh the curve is going to look like this and therefore that's where we're going to be at this point in time and therefore we're going to have 70 percent infection and the press all picked it up and they just assumed that that was based on real data, not modeled data okay. What I'm hearing from docs in the field again and again and you know I had a bunch of people call me before I came on your show everybody was like Robert say this to Joe, but uh you know you're so important that everybody wants to get their angle in. But what I'm hearing in the field is that Delta is still dominant and these are hospitalists and people treating disease and so they're seeing a skewed population but it's important to remember that when the CDC says those kinds of numbers they're talking about incidents that is that is the moment you know how many have actually been infected at that slice of time. But what you see in the hospitals and this is something that press misses all the time so

you're hearing all this fear porn about how the hospitals have filled up in New York City and blah blah blah blah okay. Um Omicron causes a short-term limited illness. Delta is wicked bad and it puts you in the hospital. When it puts you in the hospital you can be there for a month to two months okay. What you're seeing in hospitalized cases right now appears to be dominantly Delta because the CDC overestimated the fraction of the population that was they overestimated how aggressively Omicron was going to move into the U.S. population maybe that means are social distancing and masks are working I don't know- but it's not moving in as fast as they had been projecting and the bulk of the disease that the docs that I'm talking to are seeing in hospitals appears to be Delta.
JR: Wouldn't that be because the people that are catching Delta are the ones that need to be hospitalized versus the people that are catching Omicron?
RM: Precisely- but here's the rub and you I'm looping back now to your antibody point, okay is the geniuses in our public health system said oh no Omicron based on this modeling data is going to be moving into the population it's going to dominate things we need to pull the monoclonals that are Delta specific and only administer only allow people to use the monoclonals that are Omicron specific because it's going to drive further evolution otherwise. I guess that's their logic.
JR: But I haven't heard that logic at all. All I've heard is that the monoclonal antibodies are ineffective against Omicron.
RM: You're saying the same thing.
JR: But I've never seen any data that the monoclonal antibodies
RM: There are data.
JR: Where is that?
RM: It's in peer-reviewed literature now.
JR: That it's ineffective against Omicron?
RM: I wouldn't say ineffective- less effective based on laboratory neutralization assays.
JR: So in vitro?
RM: Correct. So um you know Joe Lapado um surgeon general in the State of Florida has put out public statements now on I think it's twitter, among other things, um decrying what the Federal government has done of pulling all of the regular monoclonals. What I'm hearing from frontline docs is those those you know older regeneron monoclonals etc. are still very effective in their hospitalized population presumably because it's still predominantly Delta. And yet they're no longer able to get it.
JR: So the government has literally stopped the distribution of medicine, effective medicine, for a disease that exists currently. When has that ever happened before?
RM: Hydroxychloroquine and ivermectin.
JR: Yeah but on this level. Where like hydroxychloroquine and ivermectin were off-label uses. This is something that has emergency use authorization. This is wild.
RM: It is. Are they brain dead?
JR: Are they trying to just are they encourage vaccination? Is that what all this is a money grab? Okay what is that?
RM: So here's another um version I mean there's that when you see this kind of decoupling of a public policy from logic then it causes thinking people like yourself to say what the hell's going on here right um and then we go down the rabbit hole is it this that or the other thing. One of the

things in that spectrum of what's going on is that the emergency use authorizations are predicated on um policy determinations that were in a state of emergency. Those are now two years old. They're expiring. I'm not saying this is what's going on in their head but there is another perverse incentive here to amplify the fear porn and to amplify- if you buy into the hypothesis that for some reason there are incentives for the government to maintain the state of emergency, um that is one explanation given that those declarations are expiring and will have to be re-implemented. Because if they're not then all of this emergency use authorization vanishes like dust.
JR: So are you saying, are you implying that perhaps one of the reasons why they're removing monoclonal antibodies is to enhance the amount of people that are sick?
RM: I'm saying it is in the spectrum of the range of possible just the same as the withholding of early treatments is inexplicable.
JR: And this is inexplicable in that we know that they're very effective. I have personal evidence that they're very effective. They worked great on me. The fact that they're removing this and that you would even consider that the reason why they're doing it is to extend the emergency use authorization is insane that's terrifying.
RM: It's hard for me to reconcile the behavior of the government and its public health decisions with the data. And it's like there's two bins is it incompetence or maleficience. Is there some ulterior political motive or are they just dumb stupid?
JR: If if there's some political motive if that's written anywhere someone's going to jail I mean if that if that comes out if that somehow another gets leaked Jesus fucking Christ that's scary.
RM: I wish it was so.
JR: I wish it was so too I'm saying that and I might be completely wrong, I may be totally naive.
RM: But the lab leak. You know the for me- the disclosure of emails that um Cliff Lane, Tony Fauci, and Francis Collins actively conspired to destroy any discussion of the appropriateness of lockdown strategies and in the mainstream press hardly covers it and there are no consequences. The document trail having to do with the gain of function research and the implication of NIH and by the way DTRA in that, having absolutely no consequences for anybody we're in an environment in which truth and consequences are fungible. This is modern media management and warfare. The truth is what those that are managing the Trusted News Initiative say it is.
JR: That is wild and uh for me personally it's so confusing that I find myself in a situation where I feel compelled to have people like you on because I don't know where else this is gonna get out.
RM: So um thank you on on behalf of, you know in my case, I'm the president of the Iinternational Alliance of Physicians and Scientists we're over 16,000 people from all over the world physicians and scientists and you can find our website at www.globalcovidsummit.org. We are gobsmacked about what's going on and we are shut down, censored, demeaned- fill in the blank all over the world.
JR: And over a period of two years the world's completely changed in that regard.
RM: And they're taking our licenses and license to practice medicine because we are speaking about these matters and you can label me however you want to label me I don't care I've done what I've done in my career I'm at a stage at 62 years old I've got a farm it's almost paid off, I raise horses, I love my wife you know I've been married a long time, my kids are both married, I

got grandkids you know I don't need this. There's this claim I'm doing all this because I seek attention- trust me this is not a fun thing to be doing at this stage. Physicians at FLCCC in senior positions highly, like Peter Mccullough, people at the at the culmination of exceptional careers. Paul Merrick an exceptional physician by any standards- run out of his hospital demeaned destroyed actively attacked trying to take his license. This medicine is being destroyed globally. People are losing faith in the whole system. They're losing faith in the scientific enterprise. They're losing faith in our government. They're losing faith in the vaccine enterprise. I mean what is going to be the long-term consequences of public health when you have a large fraction of the population who wasn't anti-vaxxer, that pejorative, before they're now saying oh my god if this is how these people make decisions I don't want anything to do with it. I certainly don't want to jabbed into my kid.

JR: Well that's one of the more disturbing things, the the opposite of that, is one of the more disturbing things about this pandemic is how people have just decided because they're scared and because they want a solution that the pharmaceutical companies have their best interests at heart and that they're not these machines that are designed to make money. And they sell drugs and the drugs are often beneficial but their main goal is to make money and if they can fudge the data if they can move the numbers around if they can delete negative consequences.

RM: Pfizer is one of the most criminal pharmaceutical organizations in the world based on their past legal history and fines. What do those fines include? Bribing physicians okay it is a cost benefit analysis in the pharmaceutical industry about misbehavior. They are not grounded in the ethical principles that you and I as average people believe in. They don't live in that world. As you appropriately point out they are about profit- return on investment. And furthermore the overlords that own them BlackRock, Vanguard, State Street etc. these large massive funds that are completely decoupled from nation states, have no moral core- they have no moral purpose. Their only purpose is return on investment. And that is the core problem here. That and the fact that we as a society have become grossly fragmented through social media, electronic appliances, the stress of what we've experienced, and this leads into this whole issue of mass formation psychosis that Matthias Desmond at the university of Ghent has promoted. That for many of us when Matthias a you know psychologist and statistician, interesting combination, made public a lot of us as we listened to Matthias we said oh that makes sense, that that was like the brain that what happened when I encountered the Trusted News Initiative I said oh. I don't know if you saw the Brett Weinstein podcast with me and Steve Kirsch where that lit this whole fire all over the world. Brett ends with the with the basically the question if you listen to the long version um of what's how does this happen how do we have this emergent phenomena the how question, right, and you know behind the how question is the why question. Um that the the how question of a third of the population basically being hypnotized and totally wrapped up in whatever Tony Fauci in the mainstream media feeds them whatever CNN tells them is true. Let me illustrate that the other day I was looking through New York Times recent articles about Omicron and pediatrics in preparation for this and for making some slideshows and um and I saw this headline in the New York Times um epidemiologist and a vaccinologist and the title was how you should think about children and Omicron. It was blatantly saying this is how you should think- we're going to tell you how to think okay. People kind of got to get that in their head that's the world we're in right now. Now what Matthias Desmond has has shared with us brilliant insight is another one of those aha now that part makes sense which is that this comes from

basically European intellectual inquiry into what the heck happened in Germany in the 20s and 30s you know very intelligent highly educated population and they went barking mad. And how did that happen? The answer is mass formation psychosis. When you have a society that has become decoupled from each other and has free-floating anxiety in a sense that things don't make sense we can't understand it, and then their attention gets focused by a leader or series of events on one small point, just like hypnosis, they literally become hypnotized and can be led anywhere and one of the aspects of that phenomenon is the people that they identify as their leaders the ones typically that come in and say you have this pain and I can solve it for you I and I alone okay can fix this problem for you then they will lead they will follow that person through Hell. It doesn't matter whether they lie to them or whatever the data are irrelevant and furthermore anybody who questions that narrative is to be immediately attacked they are the other. This is central to mass formation psychosis and this is what has happened we had all those conditions. You remember back before 2019 everybody was complaining the world doesn't make sense blah blah blah um and we're all isolated from each other we're all on our little tools we're not connected socially anymore except through social media and then this thing happened and everybody focused on it. That is how mass formation psychosis happens and that is what's happened here. Now there's ways to get out of it um Matthias's recommendation is you got to get people to realize that what we've got is a situation of global totalitarianism. In his experience in Europe making people realize there's a bigger threat than the virus can cause a separation psychologically in this fusion this hypnosis that has happened the problem is then you're just substituting a bigger boogeyman for the current one and somebody else can come in and manipulate that. The real problem and it gets back to your core point- we're sick as a society and we have to heal ourselves and one of the things we have to do is come together we have to recreate our social bonds, we have to buy into integrity, the importance of human dignity, and the importance of community. That's how we get out of this and I think that this insight of Matthias Desmond is really central to kind of making sense of all of this crazy. We got a world in which the press is incentivized to push a storyline because they're all controlled by the same large funds that Pfizer is and so is tech. I don't know how we're going to get out of it but it's got to start with us all of us finding common ground.

JR: I think one way we're going to get out of it is by realizing what it is and by the way you just explained it and the way Peter Mccullough explained it and he was on the podcast as well this mass formation psychosis that we're currently experiencing most people are unaware of this even happening all these events take place and it's this perfect storm of the social media aspect of it, the the fact that we are disconnected, the the Covid the separation, the isolation from society, the lockdowns, also coming off of the four years of Trump where we're so polarized politically and this it's become very not just common but accepted to other people to to point at those the others whether it's the Republicans or the Democrats or the independents whatever you choose or the unvaccinated that was I was going to get to yeah. And that's one of the things that I find very bizarre about the tribal aspect of this is that people want me to get vaccinated and like my friends who've been vaccinated want me to join the team- like go ahead get the tattoo- like what are you saying and I'm like I've gone through the virus I have immunity I also have antibodies I just checked them last week like I could show you the test a matter of fact I have it right here. There it is.

RM: And I had to be tested when I came in the front door at your shop here.

JR: Yeah we test everybody but the point being is it doesn't make any sense for me to get vaccinated but they want me to join.
RM: It's worse than that it puts you at higher risk okay they're asking you to take more risk for your health in order to join their club.
JR: That's what it is and that's what it is and it's a tribal formation and it's people who don't have personal sovereignty and people who uh aren't confident with standing by their own thoughts and objectively analyzing things outside of an ideology outside of the tribe. Those people are very susceptible right now and those are more common than not.
RM: So Joe um again this is not me buttering you up but this is why you're providing such a service to your country and humanity because you're one of the few voices that um has an audience that is not Democrat or Republican or black or white or vaccinated or unvaccinated all these dipoles that we create artificially, and you are trying to speak to that persuadable middle and do so with an open heart um and an open mind and in a world in which all of the information is being so carefully manipulated and so pervasively distorted. And I'm grateful sincerely my colleagues are grateful um and I think the world uh should be grateful for your leadership.
JR: Well I'm very grateful that there's courageous people like yourself that do put your reputations and your careers on the line by speaking out against the stuff when it is very difficult and when you do get deplatformed for doing that they know that by censoring you they're not just censoring you hey're also making others like you self-censor.
RM: Absolutely I've been self-censoring for months. I mean every morning when we post on twitter my wife and I have this active dialogue um can we post this? You know how do we say this so we're not going to get de-platformed blah blah blah blah blah we're constantly self-censoring.
JR: And it's crazy because you're self-censoring about your area of expertise which is insane because the people are censoring you don't have any education in it.
RM: Yes I agree it's insane. It's the world we're in.
JR: I'm just hoping that that clip where you explained this mass formation psychosis makes the rounds and uh I think everything you laid out today is about as clear and as rational and as well documented as I could have hoped and more um so thank you very much for being here thank you very much for everything that you've done and jesus christ twitter put the fucking guy back on.
RM: It's okay you know so you do martial arts and so you get the idea of using your opponent's energy against him okay. Um I was immediately contacted by multiple lawyers. This this could be an excellent examplar case.
JR: I think it is between you and Alex Berenson…
RM: Who's already filed one. I've been through the legal grind I don't want to sue anybody frankly but it just sucks the blood out of you um not to mention your financial resources. I mean it's just a ugly process. I hate it but um there's two hills that are willing I'm willing to die on one is stopping the jabs and the children and one is you know resisting the erosion of free speech. Which is the fundamental principle on which our democracy, our society, civilized western culture is built on. I like to say when I give rallies do you remember back a couple of years ago when you felt sorry for the people in the People's Republic of China because their internet was filtered, they weren't allowed free speech, their government told them what to do

and think? Okay now here we are. And the next thing that we all feel sorry about social credit system okay? Wake up folks.

JR: Wake up it's coming. If we give in to this, we give in to vaccine passports, and having an app on your phone that shows everything you're doing in terms of your medical history, and they've even offered people extra credit there was a article on yahoo about having access to your browser history and they they framed it in this very positive way that having access to your browser in history may allow you to receive extra credit so you would be available you you'd have credit available to buy a home or a car.

RM: So bingo okay we already know what social credit systems feel like um we call it our credit rating agencies, okay and you know what those guys do it doesn't matter whether or not if it's on your record doesn't matter whether or not you did it or what the extenuating circumstances were it's in their algorithm and you will get your score and your score basically will determine the tax on your access to credit in the form of the interest that you pay on the money that they have been given by the Federal government. That's the way this ecosystem works um they get that money at a huge discount and then they decide how worthy you are to receive it if you want to have credit and so if you want to understand a little tiny version of the social credit system it's right there in your credit score.

JR: I think the only thing that helps us here is that this may be the one subject where everyone loses. People on the left, people on the right, people in the center everyone loses if they impart a social credit system if there is some sort of social credit app that you have to carry around on your phone that determines where you're allowed to go what you're allowed to do we're all going to lose.

RM: No I disagree the oligarchs win.

JR: A very small percentage of the population wins yes right. But I mean the general public the people that are divided about Covid, the people that are now othering each other and you know you losers who got the jab and look at you unvaccinated plague rats this nonsense that's going on maybe this would be the one thing that unites us because we'll realize that this is tyranny.

RM: Or if it won't welcome to the new boss you know welcome to the new overlords guys um and uh it's your choice I'm I'm gonna be dead. You know I'm I'm 62.

JR: You look good

RM: Thanks you're kind.

JR: You got some years in you bro settle in

RM: It's our children.

JR: Yeah it is our children it's our you know I mean they're there's they're challenged uniquely already because they're growing up with social media, they're growing up with tik-tok and these invasive apps that are tracking all their movement and everything they do and buy and see and what they look up and they cross-platform, they share this data across platform, it's very sketchy stuff and that the fact that it's happened and it happened so quickly and that our data which seemed to be nothing, became one of the most valuable commodities in the world. And then that data is used to manipulate all the people on the planet.

RM: So we're touching on some deep stuff about the kids and forgive me for an unabashed promotion for the unity project which I serve as chief medical and regulatory officer for so that's unityprojectonline.com. We're totally focused on the kids and if you go on that site you'll see a podcast that I did with a pediatric psychiatrist out of LA and a pediatric cardiologist who's also a

PhD in vascular inflammation Kurt Millham and I got those two guys on to talk about what's happening to our children, in particular, the psychological damage of these lockdowns, this mask use, the school policies, the bullying of children who are unvaccinated- the psychological damage is huge. We're having a worldwide epidemic of suicide in children. We are having a huge surge of drug abuse in adolesents. We're having demonstrable drops in IQ and fundamental developmental milestones in the very young, like 20 IQ points, okay children have to see faces to learn how to speak and to interact socially. You're talking about social intelligence, which you're deep in, and connectedness. We're raising a generation of children in that have been blocked from their ability because their brains are developing extremely rapidly at this age the ability for their brains to assimilate the information necessary for them to become functional citizens and parents. We're destroying it without a second thought and the damage is going to last for generations and as if that's not bad enough we're allowing the state to insert itself into the family and make decisions by mandating vaccination. This is why his these childhood vaccines mandates are obscene we're setting up a situation in which children are going to see peers who have been vaccine damaged as a consequence of the policies that their teachers and their government have forced on them. The damage here is going to be with us for generations I'm not being chicken little here this is deep profound stuff it's way beyond myocarditis and no one seems to care. No one talks to children there was a big breakthrough we all celebrated a week ago- Face the Nation on the annual roundup of stories that have been under-reported one of the speakers got up journalist and and and said to the other group I think one of the most underreported stories has been the damage that's happened to our children.
JR: I saw that yeah.
RM: And did you see what happened with other journalists no nobody said a word. They moved on. It was hardly covered in the media.
JR: Well she even glossed over the damage by the vaccines.
RM: Agreed- how could she speak about the vaccines? I suspect she may lose her job she's not going to be invited back on that program again. I mean how could she speak about the damage of the vaccines?
JR: She really just briefly touched on it.
RM: Yeah so so the point
JR: Is because it's dangerous
RM: Insanely dangerous to speak truth to power right now.
JR: Before we wrap this up why is the vaccine uniquely dangerous to children?
RM: Good question. I'm not complete so the data here's the problem with the myocarditis bias in uh children in uh the data set, particularly boys okay. One of the things there is clearly an androgen component to the risk of both the vaccine and the disease of the the virus and that's why anti-androgens, by the way Pierre Kory shout out to him for a champion of anti-androgens being added to his math plus protocol, okay particularly for men. Um so why are boys, there there's probably a component of that that has to do with um an artifact in the data, that being that when us old codgers in general as a population have a much higher risk of cardiac events and so if there's a heart attack in one of us it's really hard to say is it just because we're old, um or is it vaccine-related okay so then the vaccine if there are vaccine-related events buried in that we're not going to see them statistically, it's really hard to pull it out whereas kids don't have heart attacks and they don't have strokes so you can see those things really clearly against the

background of virtually nothing. So that's it may be partially an artifact of reporting and bias because of confounding variables and it may be their other effects. Um in terms of your over broader question moving outside the myocarditis why are children more susceptible to these adverse events I think they're not. I think the problem is that we're seeing it in the kids but it's present in the adult population also. I think there is a significant reporting bias going on against reporting adult vaccine injury. I think that we have more in- and why would I say that oh because I'm a vaccine denier I'm a bad guy and I have some perverse incentive to have that media hit me. Um no. We have these reports from hospitalists and nurses the ones that- often it's the nurses that are able to speak for some reason the nurses are disclosing things that they're seeing in their hospitals and the physicians are all shutting up is it because they have financial incentives or because they're all owned because they have such debt burdens I don't know. But the nurses are speaking out and they're saying hey we're seeing strokes and heart attacks and these other types of problems that are known to be associated with the jabs- well it's hard to say because we got the virus in the vaccines overlapping you know is it chicken or egg um we know that they're happening. We know that the deaths are happening that's like the um excuses that are made about the sudden deaths in high-performing athletes that are being observed all over the world particularly in footballers um that where they're just suddenly dropping is it because they've been infected or they because they've been jabbed? And I think it's a mixture of both but if it's from the vaccines the thing about the vaccines is that's in you know we have this principle we used to of do no harm and um if a virus naturally infects you and you have a damage from it I haven't caused that damage as a physician. If I'm recommending that you take a drug an intervention they didn't need to have you may or may not have gotten infected and it causes damage well I gotta kind of own that as a physician as a representative of the medical industrial complex and a participant in it. And so for whatever reason there's a under reporting bias clearly in the adult population and I think that people being be a little more sensitive to adverse events and deaths in their children.

JR: Robert thank you for everything I really appreciate you. Appreciate you being here. If people want to read more of your work now that you've been banned from Twitter where are you where are you? Are you still on LinkedIn?

RM: I'm still on LinkedIn. I'm really cautious on Linkedin. I'm on Gettr, um and I'm on Substack so that's RW Malone MD

JR: Substack's probably the best place though right?

RM: the problem with Substack yeah it is least censored, and I would love more Substack subscriptions- but I have a financial conflict of interest there so I don't want to pump it but that is I try to use Substack for more in-depth intellectual pieces, thought pieces not just, I mean Alex bless his heart he blasts everything out as if Substack is Twitter that's not my style right so I'm going to be using Gettr for that thread.

JR: Gettr what is that?

RM: That's a that's a Twitter alternative

JR: oh never heard about Gettr been waiting for one though

RM: I'm using Gettr um and and again @rwmalonemd

JR: is it spelled like g-e-t-t-e-r

RM: g-e-t-t-r

JR: do you you want it Jamie? No? G-e-t-t-r.

RM: Yeah so getter is is branded as the Twitter killer, it is explicitly a Twitter alternative.
JR: Is it all right-wing crazy people?
RM: No it's it's a lot of people that have been
JR: it's a lot of people that have been kicked off of Twitter.
RM: You know they are committed to um not censoring.
JR: Beautiful well I support that entirely I mean I just did there's a problem with some of these that they do get infected by people that were shit posters you know what shit posters are?
RM: I mean I've I've been on social media a long long time I'm sure I used to be on yahoo stock chat boards that's kind of where I cut my teeth
JR: Well um Robert thank you very much just thank you for everything and uh I hope this helps
RM: thank you thank you so seriously thank you for your service to your nation and to the world Mr. Rogan.
JR; my pleasure thank you thanks for everything bye everybody.